

CITY AND COUNTY
BOROUGH OF LINCOLN



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ANNUAL REPORT

OF THE

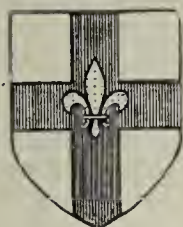
MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDING 31st DECEMBER 1963

*Including Reports of
The Principal School Medical Officer
and The Chief Public Health Inspector*

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR ENDING 31st DECEMBER 1963

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.
Medical Officer of Health

To: The Right Worshipful The Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

I am pleased to present my fifth Annual Report on the health of the City for the year 1963.

The births in Lincoln continued at the high level experienced in the previous two years and the number of live births (1412) was substantially the same as in 1962 (1418). The true extent of this high birth rate is apparent when considering that the average number of live births in the preceding ten years was 1127, and the increase reflects on the work of many sections of the Health Department. At the time of writing this report, there appears to be no indication that this trend is not going to continue and indeed many factors point to the further annual increase in the number of births. There was a slight reduction in the number of domiciliary births, 593 compared with 658 during 1962 and as a full staff of midwives was maintained throughout the year, it was possible to extend the work of the Midwifery Service by the establishment of a service for the domiciliary nursing of premature babies. Prematurity is the principal cause of infant deaths and it has been apparent for some time that a special nursing service was necessary for those premature babies who are to be nursed at home and who weigh over 3½ lbs. Babies under this weight are admitted to St. George's Hospital as a routine. It was felt that specially trained and skilled midwives should be responsible for this service and three of the district midwives underwent training at St. George's Hospital, Lincoln, in the detailed nursing care of premature babies. Suitable equipment was purchased and this service now completes the arrangements for the care of premature babies and is complementary to the service for the transport of these babies to hospital.

The increased attendances at the infant welfare clinics noticed in recent years continued in 1963 and the revised distribution of clinics throughout the City achieved during 1962 proved to be entirely satisfactory. The only part of the City for which a satisfactory service could not be supplied in 1963 was the Birchwood Estate and it is hoped that suitable provision there will not be long delayed. In view of the increase in the number of births and the consequent need for additional clinic facilities, the Department is embarrassed by the shortage of Health Visitors who are now spending a considerable part of their time in the clinics and therefore proportionately less time on home visiting. The shortage of Health Visitors and the inability to recruit either qualified or student Health Visitors has aggravated this position considerably.

The Home Nursing Service continued to have a full staff and few changes take place from year to year. The number of incontinent patients being nursed at home has increased in recent years and the introduction of the supply of incontinence pads three years ago has been most helpful to the nurses, patients and relatives. In July, 1963, the Ministry of Health commended the provision of these pads by local health authorities under Section 28 of the National Health Service Act and since that date, pads have been available from the Health Department not only for those patients being attended by the District Nurses but also for those not being so attended, on the recommendation of the General Practitioners.

It will be seen from the section dealing with Vaccination and Immunisation that the number of children under one year vaccinated during 1963 was unusually low. This was due to the acceptance of the advice of the Standing Medical Advisory Committee that routine vaccination against Smallpox

should preferably be given during the second year of life. It is hoped that the new policy will not result in a considerable fall in the number of children vaccinated but it is feared that this may well be the case.

Sabin Oral vaccine has almost entirely replaced Salk vaccine for Poliomyelitis prophylaxis. The table in the report shows that approximately 74% of children in Lincoln had been vaccinated by the time they reached the age of 3 years and 63% at the age of 2 years. This proportion is less than the proportion of children who were vaccinated during times when Poliomyelitis was prevalent and it is possible, now that the disease is uncommon, that parents will be less conscientious about having their children vaccinated. In the absence of the disease, the situation will be very like that regarding Diphtheria Immunisation where active steps have to be taken to encourage parents to have their children protected.

The scheme continued during the year for the immunisation at home of those children whose parents had, for a variety of reasons, neglected to have their children immunised. Care has to be taken that this service is limited as it is time consuming for doctors and health visitors.

Apart from the expected Measles epidemic, 1963 was remarkably free from infectious disease.

The Ambulance Service transferred to the new premises in South Park Avenue on 8th June, 1963. The new Station provides much better facilities for the administrative staff and drivers and also incomparably better garage facilities for the vehicles.

As from 1st April, 1963, the Kesteven County Council undertook responsibility for that part of their own area previously served by the Lincoln Ambulance Authority on an agency basis. Prior to this date, approximately 25% of the patients carried were Kesteven residents; however, a considerable increase in the number of Lincoln patients conveyed in recent years continued during 1963 and towards the end of the year it was apparent that the expected reduction in the total patients carried would not materialise.

It is regretted that the Chiropody Service was unable to deal adequately with the many requests for treatment that were made. The interval between treatments increased to approximately twelve weeks for clinic patients and this is much longer than is desirable. It was therefore necessary to recommend to the Health Committee that an additional Chiropodist should be appointed in the next financial year and this recommendation having been agreed to, it is hoped that the Service will be more satisfactory next year.

There were few major developments in the Mental Health Service and the new Adult Training Centre which is being built in Long Leys Road will not be completed until August, 1964. However, in spite of the overcrowding at the existing Centre at "Beaumont House," it was possible to introduce new activities for the adults and, apart from meal times, to separate the children from the adults. These changes will facilitate the transfer to the new Adult Training Centre.

Hostel accommodation has not yet been provided in the City, although some progress was made and it is hoped that a Hostel will be available for use late in 1964.

The Health Education programme continued as in previous years with the Health Visitors being responsible for most of the work. An increased effort was made in the Schools to draw the attention of the senior pupils to the

dangers of smoking and a meeting of Head Teachers was called with a view to enlisting the co-operation of the teaching staff. It is felt that slight, though scarcely measurable progress was achieved. No Anti-Smoking Clinics have as yet been established in Lincoln.

The total number of new cases of Venereal Disease showed a decrease during 1963. In fact, the number of cases in the last five years has been low and it has not been found necessary for the Health Department staff to carry out any contact tracing, in view of the low incidence of this disease.

The City Council's Ten Year Plan for the Development of the Health and Welfare Services envisaged an increase in the Home Help Service by the equivalent of six full-time home helps during each of the ten years. The result of this expansion was that during 1963, the number of hours worked by the home helps was approximately 14,000 more than in the previous year and although there was a decrease in the number of maternity cases and cases of general illness assisted, the amount of help supplied to the aged and infirm increased considerably.

Perhaps the most important event of the year was the Council's rejection in October of their previous decision to recommend fluoridation of the public water supply. I can only say that this reversal of their original decision was a profound disappointment to me and I sincerely hope that this is not the final decision of the Council.

In conclusion, I should like to express my sincere thanks to the Health Department staff for their loyal service throughout the year and I should also like to take this opportunity to thank the Chairman of the Health Committee Alderman E. J. Richardson, J.P. for his continued interest and support.

R. D. HAIGH,

Medical Officer of Health.

City Health Department,
Beaumont Fee,
LINCOLN.

July, 1964.

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HEALTH COMMITTEE, 1963

THE RIGHT WORSHIPFUL THE MAYOR, COUNCILLOR G. W. COLLS, J.P.

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Vice-Chairman: ALDERMAN MRS. G. L. MURFIN

Council Members:

Councillor H. B. Adams	Councillor Mrs. M. R. Sookias
Councillor F. T. Allen	Councillor S. Wilson
Councillor W. S. Maclean	Councillor R. N. Baker
Councillor Dr. M. Morgan	Councillor J. A. Martin

Other Members:

Dr. T. M. O'Brien	Mr. G. H. Kelsey
Mr. J. Campbell	Miss M. Witting
Mr. D. A. C. Andrews	Mrs. E. N. Ward

Maternity and Child Welfare Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Council Members:

Councillor H. B. Adams	Councillor Mrs. M. R. Sookias
Councillor F. T. Allen	Councillor S. Wilson
Councillor Dr. M. Morgan	Councillor J. A. Martin
Alderman Mrs. G. L. Murfin	

Other Members:

Mrs. M. Eagle	Mrs. M. H. Plant
Mrs. G. M. Barnett	

Mental Health Services Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Council Members:

Alderman Mrs. G. L. Murfin	Councillor Dr. M. Morgan
Councillor H. B. Adams	Councillor S. Wilson
Councillor F. T. Allen	Councillor J. A. Martin
Councillor Mrs. M. R. Sookias	

Other Members:

Dr. M. S-M. Rayner	Mr. G. H. Kelsey
Mrs. M. Eagle	Mr. T. C. Smith

Necessitous Cases Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Alderman Mrs. G. L. Murfin	Councillor H. B. Adams
Councillor J. A. Martin	Councillor F. T. Allen

Prosecutions Sub-Committee

Chairman: ALDERMAN E. J. RICHARDSON, J.P.

Alderman Mrs. G. L. Murfin	Councillor H. B. Adams
Councillor J. A. Martin	Councillor F. T. Allen

STAFF OF THE CITY HEALTH DEPARTMENT, 1963

Medical Officer of Health and Principal School Medical Officer:

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Medical Officer of Health:

N. I. CONDON, M.B., B.Ch., B.A.O., L.M., D.P.H.

School Medical Officers and Assistant Medical Officers of Health

E. G. MYRA CUMMINGS, M.R.C.S., L.R.C.P., D.P.H.

PHOEBE H. CHANCE, M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health (part-time):

KATHLEEN M. GILLEN, M.B., Ch.B., D.P.H., D.R.C.O.G.
(from 1st October, 1963)

Principal School Dental Officer:

C. K. FENTON EVANS, L.D.S.

School Dental Officers:

G. A. VEGA, B.D.S.

SHEELAH M. EVANS, L.D.S. (part-time)

1 Vacancy

Dental Auxiliary:

MISS J. McLEAN, (from 1st September to 20th December, 1963)

Chief Public Health Inspector:

J. JONES, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H., SANITARY SCIENCE CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

Deputy Chief Public Health Inspector:

G. T. W. SHEPHERD, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.I.

Public Health Inspectors:

T. R. H. BELL CERT. P.H.I.E.B. (to 28th September, 1963)

J. D. BULLIMORE, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H. (to 14th November, 1963)

D. CARRUTHERS, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

I. FLEMING, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

B. OVERSBY, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H., SMOKE INSPECTOR'S CERT. R.S.H.

J. M. TODD, CERT. P.H.I.E.B., MEAT AND FOOD CERT. R.S.H.

P. D. ARROWSMITH, CERT. S.I.E.J.B., MEAT AND FOOD CERT. R.S.H. (from 18th November, 1963)

Pupil Public Health Inspectors:

G. W. KIRK

N. PANTLING

Superintendent Nursing Officer:

MISS E. M. DAY, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)

Health Visitors:

MISS K. LUKE, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V. (CERT.)
 MISS M. CLARKE, S.R.N., R.S.C.N., H.V. (CERT.)
 MISS R. M. CRAWFORD, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
 MRS. M. L. DIMBLEBY, S.R.N., S.C.M., H.V. (CERT.)
 MISS J. E. GREEN, S.R.N., S.C.M., Q.I.D.N., H.V. (CERT.)
 MISS J. WILLIAMSON, S.R.N., S.C.M., H.V. (CERT.)
 MISS A. H. TAYLOR, S.R.N., S.C.M., R.S.C.N., H.V. (CERT.)
 MISS A. E. CHILVERS, S.R.N., S.C.M., H.V. (CERT.) (to 13th October, 1963)
 MISS B. M. LEES, S.R.N., S.C.M., H.V. (CERT.)
 MISS G. J. SCOTT, S.R.N., S.C.M., H.V. (CERT) (qualified 30th July, 1963)
 MRS. J. L. JONES, S.R.N., S.C.M., H.V. (CERT.) (part-time).

Tuberculosis Visitor:

MISS C. A. THOMPSON, S.R.N., S.C.M., H.V. (CERT.), C.N.N.

Non-Medical Supervisor of Midwives:

MISS E. DITCHBURN, S.R.N., S.C.M., M.T.D.

District Midwives:

MRS. H. ROBINSON, S.R.N., S.C.M.
 MISS D. E. BARKER, S.C.M.
 MRS. A. M. CHIVERS, S.C.M.
 MRS. G. M. ENGLISH, S.R.N., S.C.M.
 MISS J. H. HENSON, S.R.N., S.C.M.
 MRS. I. K. JOYCE, S.R.N., S.C.M., Q.I.D.N.
 MRS. R. M. SHIELDS, S.R.N., S.C.M.
 MRS. G. P. WILLIAMS, S.C.M. (to 17th April, 1963)
 MISS A. J. KNOWLES, S.R.N., S.C.M. (from 16th January, 1963)
 MISS J. FORD, S.R.N., S.C.M. (from 22nd October, 1963)

District Nurses:

MRS. M. ATTARD, S.R.N. (to 31st July, 1963)
 MISS J. BARSLEY, S.R.N., Q.I.D.N.
 MRS. M. COLE, S.R.N. (full-time) (from 1st August, 1963)
 MRS. M. A. ATKINSON, S.R.N.
 MISS L. M. DAWSON, S.R.N., S.C.M.
 MRS. K. DREWERY, S.R.N.
 MISS J. GRIFFITH, S.R.N., Q.I.D.N.
 MRS. A. HOWLETT, S.R.N.
 MRS. N. SMITH, S.R.N., S.C.M.
 MRS. N. TOYNE, S.R.N.
 MRS. F. WALMSLEY, S.R.N.
 MR. F. O. BELL, S.R.N., Q.I.D.N.
 MR. W. BRIGGS, S.R.N., Q.I.D.N.
 MR. J. H. PARKER, S.R.N., Q.I.D.N.
 MISS. P. PYBONE, S.R.N., (part-time from 7th December, 1963)

Clinic Nurses:

MRS. J. M. SWANN, S.R.F.N., S.C.M.
 MRS. K. PITCHFORD, S.R.N. (part-time).

Day Nursery:

Matron	MISS B. E. TAYLOR, S.R.N., S.R.F.N.
Deputy Matron	MISS R. CAULTON, C.N.N.
Warden	MISS D. F. PARKER, C.N.N.
Nursery Nurses	MISS E. M. E. DRIFFILL, C.N.N. MRS. J. H. WHITE, C.N.N. (to 31st August, 1963) MISS L. M. BROOK (from 2nd September, 1963)

Chiropodist:

MISS S. M. MALT, M.Ch.S.

Adult Training Centre:

Supervisor:	MR. W. ZIELONKA, R.M.N., N.A.M.H. (DIPLOMA)
Assistants	MR. F. WARD (from 4th February to 11th October, 1963) MR. J. J. POLLARD (from 28th October, 1963) MRS. M. VALTERS (from 12th June, 1963)

Junior Training Centre:

Supervisor:	MRS. B. SEARLE, N.A.M.H. (DIPLOMA)
Deputy Supervisor:	MISS J. A. WOODS, N.A.M.H. (DIPLOMA)
Assistants	MRS. E. EITE, S.R.N. MRS. M. DOWMAN MRS. D. M. WHITLOCK (temporary to 14th June, 1963)

Mental Welfare Officers:

J. B. GRACEY, R.M.N. (Senior Mental Welfare Officer)
J. WEDGWOOD
MISS B. M. WATERS (to 23rd December, 1963)

Ambulance Service:

Ambulance Officer	V. R. NORTH
Deputy Ambulance Officer	H. LEEMING
Clerk	MISS J. M. WALLS
Clerk/Telephonist	MISS P. R. CHALLANS
Night Telephonist	L. J. HOPKINS
Driver/Attendants: 24 (at the end of the year)	

Home Help Service:

Organiser	MISS H. BALDWIN
Assistant Organiser	MISS M. E. TREVIS
Clerk	MISS S. E. MOYSES

Helps at the end of the year: Whole-time, 15; Part-time, 93

Pests Officer:

A. H. WALKER

Rodent Operators:

H. CHEETHAM
R. WOOLFITT

Dental Surgery Assistants:

MRS. M. MILLIGAN, S.E.A.N.

MRS. J. ABELL

Lay Administrative Assistant:

J. C. MARTIN, A.R.S.H.

Clerks:

A. C. TAYLOR

N. F. McLEOD

P. A. COBBETT

MISS M. A. BOYNTON

MISS S. M. JOHNSON

MISS E. KETTLEBORO

MISS I. M. COOK

MISS J. GOODWIN (transferred to School Health Section 1st May, 1963)

MRS. E. S. CROFT

MRS. E. GROCOCK (part-time clinic clerk)

MRS. A. M. DEAN (part-time clinic clerk)

MRS. M. MILLER

MRS. E. A. AKRILL (part-time dental clinic clerk)

MISS P. E. PATTINSON

MISS J. SHAW (from 20th May, 1963)

MISS L. J. STOCKS (from 1st October, 1963)

STATISTICAL INFORMATION

GENERAL STATISTICS

Area of City in acres	7,517
Number of dwelling houses, 1st April, 1963	25,074
Rateable Value, 31st March, 1963	£2,504,274
Sum represented by a penny rate	£10,000

VITAL STATISTICS

Population (estimate mid-year, 1963)	77,440
Live Births:—	
Number	1,412
Rate per 1,000 population	18.60
Illegitimate Live Births	88
Illegitimate Live Births—per cent of total live births	6.23
Still-births:—	
Number	28
Rate per 1,000 total live and still births	19.44
Total Live and Still Births	1,440
Infant Deaths (deaths under 1 year)	25
Infant Mortality Rates:—	
Total infant deaths per 1,000 total live births	17.70
Legitimate infant deaths per 1,000 legitimate live births	16.61
Illegitimate infant deaths per 1,000 illegitimate live births	34.09
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	12.04
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.21
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	28.47
Maternal Mortality (including abortion):—	
Number of deaths	1
Rate per 1,000 total live and still births	0.69
Net Deaths	913
Death Rate per 1,000 population	11.79
Tuberculosis Mortality Rate, per 1,000 population	0.05
Cancer Mortality Rate, per 1,000 population	2.09
Area Comparability Factors: Births 1.02 Deaths 1.01	

COMPARISON OF CERTAIN VITAL STATISTICS WITH RATES FOR ENGLAND AND WALES

	<i>Lincoln</i>	<i>England and Wales</i>
Live Birth Rate	18.60	18.2
Still Birth Rate	19.44	17.3
Illegitimate Live Birth Rate per cent of total Live Births	6.23	6.9
Maternal Mortality Rate	0.69	0.28
Infant Mortality Rate	17.70	21.1
Neo-natal Mortality Rate	12.04	14.2
Perinatal Mortality Rate	28.47	29.3
Death Rate	11.79	12.2
Tuberculosis Mortality Rate	0.05	0.06
Cancer Mortality Rate	2.09	2.17

COMPARATIVE TABLE—LAST FIVE YEARS

	1959	1960	1961	1962	1963
Population ...	73,170	73,730	77,140	76,930	77,440
Net Live Births ...	1,215	1,287	1,482	1,418	1,412
Still Births ...	22	24	29	25	28
Net Deaths ...	852	807	896	935	913
Live Birth Rate ...	16.44	17.28	18.63	17.88	18.60
Still Birth Rate ...	17.78	18.31	19.19	17.32	19.44
Infant Mortality Rate ...	19.75	18.65	19.57	23.98	17.70
Neo-natal Mortality Rate ...	14.00	15.54	12.82	14.81	12.04
Maternal Mortality Rate ...	1.62	1.53	0.66	—	0.69
Death Rate ...	11.29	10.62	11.73	12.15	11.79
Tuberculosis Mortality Rate	0.11	0.04	0.04	0.08	0.05
Cancer Mortality Rate ...	2.01	2.17	1.98	2.26	2.09

Births

There were 1,412 live births registered in the year and 28 still births.

Deaths

There were 913 deaths (486 males and 427 females) giving an adjusted death rate of 11.79 per 1,000 population. The ages and causes of death are given in the following tables:

DEATHS IN AGE GROUPS, 1963

		<i>4 wks & under</i>										<i>75 & over</i>	<i>Total</i>
		<i>Under 4 wks.</i>	<i>1 year</i>	<i>1- yrs.</i>	<i>5- yrs.</i>	<i>15- yrs.</i>	<i>25- yrs.</i>	<i>35- yrs.</i>	<i>45- yrs.</i>	<i>55- yrs.</i>	<i>65- yrs.</i>		
Males	...	9	6	5	—	8	4	13	42	90	121	188	486
Females	...	8	2	—	1	1	4	13	21	45	91	241	427
		—	—	—	—	—	—	—	—	—	—	—	—
Totals	...	17	8	5	1	9	8	26	63	135	212	429	913

SUMMARY OF PRINCIPAL CAUSES OF DEATH, 1963

Cause of Deaths		No. of Deaths	4 wks and Fe- Under under					Age in Years							
			Males	males	4 wks	1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75 and over
Tuberculosis:															
Respiratory	...	2	1	1	-	-	-	-	-	-	-	-	-	2	-
Other	...	2	2	-	-	-	1	-	-	-	-	-	1	-	-
Syphilitic disease	...	1	1	-	-	-	-	-	-	-	-	-	1	-	-
Diphtheria	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	...	2	1	1	-	-	-	-	-	-	-	1	1	-	-
Malignant Neoplasm:															
Stomach	...	20	14	6	-	-	-	-	-	-	2	2	7	4	5
Lung and Bronchus	...	47	39	8	-	-	-	-	-	-	-	7	14	19	7
Breast	...	13	-	13	-	-	-	-	-	1	3	2	3	3	1
Uterus	...	2	-	2	-	-	-	-	-	-	-	1	1	-	-
Other malignant and lymphatic neoplasms	...	79	45	34	-	-	-	-	1	-	3	10	18	25	22
Leukaemia and Aleukaemia	...	1	1	-	-	-	-	-	-	-	1	-	-	-	-
Diabetes	...	5	1	4	-	-	-	-	-	-	-	1	-	1	3
Vascular lesions of nervous system	...	109	39	70	-	-	-	-	1	2	1	1	4	32	68
Coronary disease, angina	...	168	103	65	-	-	-	-	-	1	4	16	34	47	66
Hypertension with heart disease	...	16	8	8	-	-	-	-	-	-	-	-	2	1	13
Other heart disease	...	106	35	71	-	-	-	-	-	1	-	4	5	13	83
Other circulatory disease	...	33	17	16	-	-	-	-	-	-	2	1	6	7	17
Influenza	...	9	2	7	-	-	-	-	-	1	1	-	-	2	5
Pneumonia	...	93	49	44	1	4	1	-	-	-	-	2	7	19	59
Bronchitis	...	66	51	15	-	-	-	-	1	-	-	3	12	22	28
Other diseases of respiratory system	...	4	3	1	-	-	-	-	-	-	-	1	1	-	2
Ulcer of stomach and duodenum	...	6	5	1	-	-	-	-	-	-	1	2	1	-	2
Gastritis, enteritis and diarrhoea	...	3	-	3	-	-	-	-	-	-	-	-	1	-	2
Nephritis and Nephrosis	...	5	4	1	-	-	-	-	-	-	1	-	1	1	2
Hyperplasia of prostate	...	7	7	-	-	-	-	-	-	-	-	-	-	-	7
Pregnancy, childbirth and abortion	...	1	-	1	-	-	-	-	-	-	1	-	-	-	-
Congenital malformations	...	4	2	2	2	2	-	-	-	-	-	-	-	-	-
Other defined and ill-defined diseases	...	77	35	42	14	-	1	-	4	1	3	3	7	12	32
Motor vehicle accidents	...	9	7	2	-	-	1	-	2	1	-	2	2	-	1
All other accidents	...	13	8	5	-	2	1	1	-	-	1	1	2	1	4
Suicide	...	9	5	4	-	-	-	-	-	-	2	3	3	1	-
Homicide and Operations of War	...	1	1	-	-	-	-	-	-	-	-	-	1	-	-
Totals	...	913	486	427	17	8	5	1	9	8	26	63	135	212	429

DEATHS FROM CANCER

The deaths from Cancer during the year are shown in the Table below. It will be noted that there were 47 deaths from Cancer of the lung, which represents 5% of the total deaths. Of these 47 deaths, 39 were males and 8 were females.

Cancer of the lung mainly affects those in the age group 45 to 75 years and the figures show that it is five times more common in males than in females and that 29% of the total Cancer deaths were due to Cancer of the lung during 1963.

CANCER DEATHS, 1963

<i>Cause of death</i>	<i>No. of deaths</i>	<i>Under 1 yr</i>	<i>1-5</i>	<i>15-25</i>	<i>35-45</i>	<i>55-65</i>	<i>75& over</i>	<i>Total</i>					
Malignant Neoplasm	20	{ Males	-	-	-	-	2	2	5	3	2	14	
Stomach		{ Females	-	-	-	-	-	-	2	1	3	6	
Lung and Bronchus	47	{ Males	-	-	-	-	-	5	12	17	5	39	
		{ Females	-	-	-	-	-	2	2	2	2	8	
Breast	13	Females	-	-	-	1	3	2	3	3	1	13	
Uterus	2	Females	-	-	-	-	-	1	1	-	-	2	
Other Malignant and lymphatic neoplasms	79	{ Males	-	-	-	1	-	2	6	7	15	14	45
		{ Females	-	-	-	-	-	1	4	11	10	8	34
Leukaemia, aleukaemia	1	{ Males	-	-	-	-	-	1	-	-	-	-	1
		{ Females	-	-	-	-	-	-	-	-	-	-	-
Totals	162	Males	-	-	-	1	-	5	13	24	35	21	99
		Females	-	-	-	-	1	4	9	19	16	14	63

Infant Mortality

There were 25 deaths under 1 year, giving an infant mortality rate of 17.70 per 1,000 live births. This rate is lower than the rate for 1962 which was 23.98 and is lower than the average rate for England and Wales which for 1963 was 21.1

The following table shows the ages and cause of death:

<i>Cause of death</i>	<i>Under 1 wk</i>	<i>1-2 wks</i>	<i>3-4 wks</i>	<i>Total under 4 wks</i>	<i>1-3 mths</i>	<i>4-6 mths</i>	<i>7-9 mths</i>	<i>10-12 mths</i>	<i>Total</i>
Prematurity ...	6	1	-	7	-	-	-	-	7
Congenital Malformations	1	1	-	2	1	1	-	-	4
Pneumonia ...	-	1	-	1	4	-	-	-	5
Accident ...	-	-	-	-	-	1	1	-	2
Other Causes ...	6	1	-	7	-	-	-	-	7

Perinatal Mortality

The perinatal mortality rate is the number of still-births added to the number of infant deaths during the first week of life expressed as a rate per thousand total births, both live and still. It therefore gives a measure of the risk to the foetus during pregnancy after the 28th week, and also during parturition, as well as the risk in the early days after birth.

In 1963, there were 28 still-births and 13 deaths in the first week of life, giving a perinatal mortality rate for Lincoln of 28.47.

The rate for 1962 was 27.72.

Suicide

During the year there were 9 deaths (5 male and 4 female) due to suicide and the causes of death are given in the table below. The number of suicides in the previous year was 11 (5 male and 6 female).

Cause of Death	AGE AND SEX								Total
	15 — 24 M. F.	25 — 44 M. F.	45 — 64 M. F.	65 and over M. F.					
Coal gas poisoning	—	—	1	—	2	—	—	—	3
Poisoning by drugs	—	—	—	1	1	2	—	1	5
Shot-gun wound	—	—	—	—	1	—	—	—	1
TOTAL ...	—	—	1	1	4	2	—	1	9

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN

Infant Welfare Clinics

Although the average attendance per session (38.6) at the Infant Welfare Clinics was less during 1963 than in the previous year (46.2), this is partly explained by the fact that the additional clinics which were opened in 1962 did not open until the latter part of that year and therefore for six months of 1962, fewer clinics were being held with a consequent higher average attendance. There was in fact a slight increase in the total number of attendances, 23,335 compared with 23,103 in 1962. The number of children who attended the Clinics during the year was as follows:—

<i>Born in</i>	<i>Born in</i>	<i>Born in</i>	<i>Total</i>
1963	1962	1958-1961	
1071	1100	1872	4043

Of the 4,043 children who attended, 161 were referred for special treatment or advice as a result of a medical examination—either to a general practitioner or to a specialist for special diagnosis and/or treatment.

It is now felt that the Clinics held are adequate in number and correctly distributed throughout the City with the exception that no provision has yet been made for those living on the Birchwood Estate. It is obvious that a clinic will need to be provided on this Estate in the near future and it is hoped to rent Church premises until such time as a purpose-built clinic is available. The need to replace the unsatisfactory premises used for the St. Helen's Clinic is urgent and it is a matter for regret that no progress was made in 1963 to replace this clinic by a purpose-built structure. However, it is hoped that building will be started in 1964.

Although the premises at St. George's Church Hall, Swallowbeck are correctly sited in the area which the clinic is required to serve, the Hall itself is most unsuitable and arrangements were made for the clinic to be transferred early in 1964 to the newly built Methodist Church Hall, Swallowbeck. Although the access to this Hall is not entirely satisfactory, the premises are a great improvement on those used formerly.

The Infant Welfare Clinics provided by the Local Health Authority at the end of the year were as follows:

<i>Place Held</i>	<i>Day</i>	<i>Time</i>
Maternity and Child Welfare Centre, 34 Newland	Tuesday Wednesday	2—4 p.m. 2—4 p.m. (by appointment)
Ravendale Clinic, Laughton Way	Friday Tuesday Thursday	2—4 p.m. 2—4 p.m. 10—11-30 a.m. (by appointment)
St. Giles' Methodist Church Hall, Addison Drive	Thursday Thursday	2—4 p.m. 2—4 p.m.
Blenkin Hall, St. John's Road, Newport	Friday	2—4 p.m.
Methodist Church Hall, Walmer Street, off Monks Road	Wednesday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Monday Friday	2—4 p.m. 2—4 p.m.
St. George's Church Hall, Swallowbeck	Tuesday	2—4 p.m.
Bracebridge Church Hall, Ewart Street, off Newark Road	Monday	2—4 p.m.

The following table shows in detail the attendances at the Central Clinic at 34 Newland and at the various outlying Clinics:

	<i>No. of Sessions</i>	<i>Total Attend.</i>	<i>Av. Attendance per Session</i>	
			1963	1962
M. & C.W. Centre, Newland	Tues. 53	2394	45.2	58.0
„ „ (by appointment)	Wed. 18	216	12.0	12.4
„ „	Fri. 50	2319	46.4	50.8
St. Helen's Hall	Mon. 49	1889	38.6	67.5
„ „	Fri. 50	1922	38.4	26.8
St. Giles' Hall	Thur. 51	2228	43.7	44.1
Blenkin Hall	Fri. 50	2097	42.0	57.1
St. George's Hall	Tues. 53	2677	50.5	57.1
Walmer Street Hall	Wed. 51	2139	42.0	34.7
Ewart Street Hall	Mon. 49	1663	34.0	27.2
Ravendale Clinic	Tues. 53	2162	40.8	32.0
„ „ (by appointment) a.m.	Thur. 27	257	9.5	8.7
p.m.	Thur. 51	1372	26.9	26.3
	605	23335	38.6	46.2

Ante-Natal Clinics

The Ante-Natal Clinics provided by the Local Health Authority at the end of the year were as follows:

Maternity & Child Welfare Centre, 34 Newland	Tuesday	9-30—11-30 a.m.
Ravendale Clinic, Laughton Way	Monday	2—4 p.m.
St. Helen's Church Hall, Skellingthorpe Road	Thursday	2—4 p.m.

Attendances at the Ante-Natal Clinics were substantially the same as in the previous year as will be seen from the following table:

	1963	1962	1961
Total number of women who attended during the year	846	911	877
Total number of attendances	2907	2992	2380

The ante-natal clinic facilities at the Newland Centre are not entirely satisfactory as the Victorian building was never designed for this purpose and although many alterations and adaptations have been made, the premises are still far from ideal for clinic purposes.

Although the premises at St. Helen's Clinic are most unsatisfactory, the number who attended this Clinic during 1963 (1,263) was far greater than at either of the other two Clinics. It is quite usual to have 30 patients attending at one session and on one occasion in 1963, 46 attended. It is hoped that the building of a new Clinic for those living in the South of the City will be started in 1964.

Each patient attending an ante-natal clinic is seen by the Medical Officer in attendance at her first visit and again at the 34th or 36th week of her pregnancy. Routine haematological investigations are carried out (Rh. Group, W.R. and Haemoglobin estimation) on these occasions and medical and obstetric examinations. If there is need for further haematological investigation to be carried out, this is undertaken at the required intervals by the Medical Officer at the clinic.

All expectant mothers are encouraged to attend for ante-natal care early in the pregnancy. It is important that the general practitioner, midwife and local health authority services should work together for the benefit of the expectant mother and her child and a planned programme of ante-natal care is always aimed at by the local authority staff and the general practitioners. Visits to the Ante-Natal Clinic are arranged to alternate with those visits to be paid to the patient's own doctor. In the last month of pregnancy, and in some cases where the mother has a large family of small children, ante-natal care is carried out in the patient's own home. Reports of any investigation (chest X-ray, haematological, etc.) are sent to each midwife and doctor concerned. Any abnormality discovered during the attendance of an expectant mother at the ante-natal clinic is referred to the patient's own doctor for further treatment or investigation.

Ultra Violet Light Clinic

The Ultra Violet Light Clinic is held at the Maternity & Child Welfare Centre on Tuesday and Friday afternoons from 2 to 4 p.m.

The following table gives the number of cases treated and the number of attendances made:

	1963	1962
Total number of cases treated during the year	64	82
Total number of attendances	936	974

Children are given treatment on the recommendation of Medical Officers and at the request of the Consultant Chest Physician and of the cases treated at this clinic, 56 were school children and 8 were children under school age.

Supply of Welfare Foods

Welfare Foods are available, to those entitled to this benefit, at the main distribution point at the Newland Infant Welfare Centre during office hours and at all outlying clinics when the infant welfare sessions are held.

With the exception of orange juice, issues during the year were again reduced and compared with those for the previous year were as follows:—

					1963	1962
National Dried Milk	..	..	..	tins	11,259	13,056
Orange Juice	..	..	..	bottles	18,345	18,014
Cod Liver Oil	..	..	..	bottles	1,670	1,853
Vitamin A and D Tablets	..	..	..	packets	2,386	3,007

Care of Unmarried Mothers

The Health Committee's duty for the provision of care for unmarried mothers, when required, is carried out by an arrangement whereby the Lincoln and District Council for Social and Moral Welfare make appropriate enquiries into cases where difficulties are anticipated and submit to the Health Committee each case where financial assistance is needed towards the cost of maintenance at a Mother and Baby Home. During the year, the Committee agreed to grants being made in eleven cases, compared with nine in the previous year.

The number of illegitimate births during 1963 was 88 compared with 95 in the previous year. This represents a rate of 6.23% of total live births registered, compared with a rate of 6.7% in the previous year.

Day Nursery

The number of children on the register of the Newland Day Nursery varied during the year between 34 and 44 and the average daily attendance was 26.6.

The average daily attendance throughout the year was as follows:

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
25.1	24.9	23.0	21.9	30.5	27.5	28.3	22.2	32.4	26.0	27.5	31.5

All applications for admission to the Nursery are carefully considered and children are now admitted only when there is an urgent medical or social need. There is no evidence that the demand for Nursery places is decreasing and the average number of children attending in 1963 was smaller than in the previous year, due in large measure to the careful selection of children eligible for admission to the Nursery.

Absolute priority for admission is given to children of mothers who are unmarried, widowed, separated or divorced, who are obliged to go out to work and who have no relative able to care for the children. Admission is also arranged where there is a pressing medical or social need in the family and from time to time infants are admitted at the request of the Paediatrician, the Consultant Children's Psychiatrist and Family Doctors.

Four mentally handicapped children were on the register and all made progress; two in particular improved considerably and the Nursery fulfils a very useful function in catering for certain mentally handicapped children of pre-school age.

In accordance with the Council's policy of admitting the children of women school teachers employed by the Lincoln Education Committee, six children in this category were admitted during the year.

Almost all the children attending the Nursery during March contracted Measles. There was no other outbreak of infectious disease and apart from coughs and colds, the health of the children was good.

On 31st December, 1963, the staff of the Nursery consisted of:

Matron
Deputy Matron
Warden
2 Nursery Nurses
2 Student Nursery Nurses (first year)
2 Student Nursery Nurses (second year)

and throughout the year there was a full staff.

The Nursery is approved as a Training Centre for Nursery Nurses and during the year eight Students carried out their practical training at the Lincoln Nursery whilst undertaking the Nursery Nurses' Training Course at Nottingham. Three of the four second-year students passed their examinations and all obtained employment without difficulty.

Dental Care — *Chief Dental Officer:* MR. C. K. FENTON EVANS, L.D.S.

As predicted in my report of last year, the demand for dental treatment during 1963 increased to a point where it could no longer be met by the present staff of the Dental Service and, very reluctantly, restrictions had to be imposed on the numbers treated. These restrictions mainly affected mothers, for it was decided that priority should be given, whenever possible, to the pre-school child.

A considerable amount of time was allotted to patients referred by Medical Officers and Health Visitors who, although they stated that they were anxious to receive dental treatment, failed to attend when an appointment was made for them. In order to reduce this wastage of valuable time, the onus for making the appointment has been transferred from the Medical Officer or Health Visitor to the patient on the assumption that, if not really interested, no appointment will be requested.

The tables give a summary of the treatment provided and show a further improvement in the ratio of teeth filled to teeth extracted.

Talks to the "Stork Club" on Dental Health were continued as a regular item on their programme and additional talks were given to Parent/Teacher Associations and Mothers' Club Meetings. A great deal more effort is needed in the field of Dental Health Education: the ease with which the "anti-fluoridationists" brought about the rejection of the previously accepted recommendation to fluoridate the domestic water supply, without any worthwhile opposition being organised, is indicative of the low level of appreciation of dental matters by the general public.

The appointment of a further Dental Officer, due to commence duty at Ravendale Clinic during the first half of next year, should improve the service offered to the Maternity and Child Welfare groups, but it will take a further increase in staff, and much effort, to deal with the accumulation of untreated dental disease and the lack of education in the care of the dental tissues.

CARE OF MOTHERS AND PRE-SCHOOL CHILDREN NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Referred</i>	<i>Individuals Treated</i>	<i>Treatment Completed</i>	<i>Total Attendances</i>
Expectant and					
Nursing Mothers ...	109	109	121	69	437
Children under five ...	278	256	337	262	735

FORMS OF TREATMENT PROVIDED

	<i>Extrac- tions</i>	<i>Anaesth- etics Local</i>	<i>Fillings</i>	<i>Silver Nitrate</i>	<i>Dressings etc.</i>	<i>Radio- graphs</i>	<i>Dentures F. P.</i>
Expectant and Nursing Mothers	58	103	305	—	64	34	— 5
Children under five	51	64	535	145	135	8	— —
<i>Scaling and Gum Treatment</i>							
Expectant and Nursing Mothers			...	...	...	57	

MIDWIFERY

Non-Medical Supervisor of Midwives: MISS E. DITCHBURN

Staff

The Local Health Authority is the Local Supervising Authority for the purposes of the Midwives Act, 1951. The Medical Officer of Health is approved by the Central Midwives Board as Medical Supervisor of Midwives and Miss E. Ditchburn is approved as Non-Medical Supervisor of Midwives.

Miss A. J. Knowles took up her appointment as District Midwife for the Bracebridge area of the City in January, 1963 and Miss J. Ford succeeded Mrs. G. P. Williams as Midwife for the St. Faith's area in October, 1963.

Refresher Courses and Further Training

During 1963, two midwives attended a Refresher Course held at Lady Margaret Hall, Oxford in September.

Three midwives attended courses on the nursing care of premature babies at St. George's Hospital, Lincoln and on 24th October, the district midwives, together with other medical and nursing staff, were present when Dr. Neville Butler gave an address on the findings obtained by the Perinatal Mortality Survey.

Training of Pupil Midwives

The training of pupil midwives continued during 1963 in conjunction with the Lincoln Maternity Home, five of the district midwives being approved as Teaching Midwives. Ten pupils completed their training on the district during the year.

During their district training, these pupils are expected to take an active part in the activities of "The Stork Club" and it has now become the usual practice for the pupils to give one of the talks to those attending the Club sessions. The subjects chosen for them to speak about are well within their knowledge as pupil midwives at this stage of their training and it is hoped by this, to encourage these future midwives to take a more positive attitude towards the education of the expectant mother in preparation for her baby's arrival. Tutorial classes are held each week by the Non-Medical Supervisor of Midwives and lectures are given by the Deputy Medical Officer of Health on the public health aspects of midwifery.

Transport

Five district midwives are car drivers, three use "scooters" and one uses a bicycle. In view of the amount of equipment which has to be carried by a midwife to-day, a car is essential to carry out the work efficiently and it is hoped that in the near future, all the midwives will use a car for their duties.

Midwives without cars may call upon the Ambulance Service for transport between the hours of 10 p.m. and 7 a.m. if required to attend a patient living outside their normal district. Pupil midwives also often need transport from their residence at "Dormer House" to the homes of women in labour and if the Midwife Teacher is not a car user, the Ambulance Service may be called upon to provide transport between the hours of 10 p.m. and 7 a.m.

Notifications of Intention to Practise

48 midwives notified their intention to practise midwifery within the area of the Local Authority during the year 1963.

13 practised as domiciliary midwives, 2 of whom work in a private capacity and one of these is occasionally employed by the Local Health Authority when a district midwife is ill or on leave.

29 midwives practised from institutions under the control of the Hospital Management Committee and 6 midwives practised from the Quarry Maternity Home, which is under the control of the Lincoln Diocesan Board for Social Work.

Distribution of Confinements

The Total number of births (live and still) occurring during the year was 1,427; of this number 605 were domiciliary births and 822 were hospital confinements. The number of births (live and still) registered during the year was 1,440 (Registrar General's figure); this shows a slight decrease in the total number of births registered when compared with the previous year (1,443). There was also a decrease in the number of cases attended by the District Midwives, as the following table shows:—

Cases attended by District Midwives

1959	..	.	..	..	565
1960	..		..	..	580
1961	..		..	..	618
1962	..		..	..	640
1963	..		..	..	593

The midwives paid 14,698 visits during 1963, compared with 14,276 in the previous year.

The reduction in the number of domiciliary confinements may be attributed in part to the better selection of place of delivery for some of the mothers in whose case hospital delivery was indicated.

Analgesia

Trilene inhalation analgesia was administered by means of a Cyprane Inhaler in 511 cases and in only one case was the Minnitt Gas/Air apparatus used. Pethidine was administered in 346 cases.

Chest X-ray of Expectant Mothers

Under the scheme started in 1954, all expectant mothers who have not had a chest X-ray during the year of the pregnancy or during the previous year are asked if they are willing to have such an examination. Many are found to have availed themselves of the facilities of the Mass Radiography Unit prior to the present pregnancy and it is not thought necessary to refer them again under this scheme. Arrangements are made for the X-ray to be carried out

at the Chest Clinic, Mint Lane, and during 1963, the number of expectant mothers X-rayed under the scheme was as follows:—

Referred by General Practitioners	172
Referred by Local Authority Ante-Natal Clinics ..	225
Referred by Maternity Hospital Ante-Natal Clinics ..	190
	<hr/>
	587
	<hr/>

Of the 587 expectant mothers X-rayed, 137 lived outside the City.

The wisdom of this scheme was emphasised during 1963 when an expectant mother who had not had a chest X-ray during pregnancy, was found later in the year to have severe pulmonary tuberculosis. As a result of contact tracing, at least six children were found to have primary tuberculosis who had almost certainly been infected by her; one of these children in fact developed tuberculous meningitis. It is likely that if this mother had had a chest X-ray during early pregnancy, her own disease would have been discovered at a much earlier stage, and, in all probability, at least some of the children would not have been infected.

The following table shows the number of abnormalities discovered during the year as a result of the investigations:

New cases of Pulmonary Tuberculosis notified	1
Other findings:	
Calcification, healed lesion, etc.	24
Obliteration of costo-phrenic angle	2
Old tuberculous cases known to Chest Clinic	4
Bronchitis and Emphysema	3
Rib abnormalities	7
? Sarcoidosis	1
Cardiac enlargement	2
Under observation at the end of the year for further X-ray in 1964	2
	<hr/>
	46
	<hr/>

The number of expectant mothers who attended for a Chest X-ray during the past 5 years is shown below:

1959	1960	1961	1962	1963
548	530	504	620	587

During the year, 16 women attended for a Chest X-ray after their babies had been born, as they presented themselves later in pregnancy than the 7th month, after which time, it is preferable to defer examination until the post-natal period.

Environmental Reports

The Lincoln Maternity Home, with only 26 beds, together with a few beds which are available from time to time at the Bromhead Maternity Home, constitute the total maternity accommodation for expectant mothers who wish to be confined in hospital. The number of beds is totally inadequate for the needs of the area and the provision of additional accommodation is long overdue. In order that there should be a fair allocation of beds for those expectant mothers with no medical or obstetrical grounds for admission, the Local Authority midwife of the district in which the expectant mother resides is

asked to call on the mother in question and report on the suitability of the accommodation available and any other matters that may make the domiciliary delivery of that particular woman suitable or otherwise. The availability of adequate heating of the delivery room throughout the whole of the 24 hours of the day is one of the important factors in these reports, especially in the colder months of the year.

During 1963, environmental reports were made in 141 cases and in 71 cases hospital delivery was recommended.

Early Hospital Discharges

Special arrangements are made following the early discharge of mothers and babies from the Lincoln Maternity Home, Bromhead Maternity Home and R.A.F. Hospital, Nocton Hall. Mothers and infants returning home prior to the 10th day after the birth need the services of a midwife and are therefore transferred to the care of the Local Health Authority midwife in whose area of the City they reside.

The total number of early discharges during 1963 was 116 compared with 73 cases in 1962.

Co-operation

There is no section of the National Health Service where close co-operation between the three branches is more important than in the Maternity Services, and it is gratifying to be able to report that there is excellent co-operation between the Local Authority Maternity Services and the General Practitioner Services.

The "Co-operation Card" for each patient, which has now been used for a number of years, continues to be issued by the midwives at the ante-natal clinics and by most of the General Practitioner Obstetricians. However, it is often inadequately completed. Entries on this card should be made on every occasion that the patient is seen by a midwife or doctor, as the card may well be the only record which is available at the time of the patient's confinement and should therefore contain all the relevant information and findings of examinations during pregnancy.

The deployment of midwives to work with general practitioners instead of being employed as at present on a "district basis" has been considered but is thought to be quite impracticable. In Lincoln, if such a scheme were introduced it would be necessary for each midwife to cover most of the City and even if all were car drivers, an unnecessary amount of time would be spent on travelling and in the midwifery service, speed in reaching a patient is often essential. It was also thought that in view of the close co-operation which already exists, such arrangements were not necessary and no action has therefore been taken to alter the present arrangements.

Three meetings of the Lincoln & District Obstetric Advisory Committee were held during the year and the Medical Officer of Health and Non-Medical Supervisor of Midwives also attended a Conference of representatives of the Maternity Liaison Committees of the Region at Nottingham on 7th November. This meeting, which was the first of its kind held in the area, was extremely helpful.

Premature Baby Home Nursing Service

A service was introduced on 1st July, 1963, for the special home care of premature babies born at home and also for the follow-up care of premature babies who weigh over 3½ lbs. born in and discharged from hospital. A course

of special training was taken by three of the domiciliary midwives arranged and supervised by Dr. Trevor Wright, the Consultant Paediatrician to the Lincoln group of Hospitals. These midwives are:

Miss Henson 25, Hazlewood Avenue, Lincoln.

Miss Knowles 18, Fleming House, Lincoln.

Miss Ford, 5 Clasket House, Clasketgate, Lincoln.

In addition to caring for the babies in their own homes, these midwives are called upon to accompany premature babies on the journey from home to hospital, as the occasion arises. These infants are conveyed in a portable incubator which ensures that they travel in conditions as near as possible to those from which they have been untimely ejected. The correct degree of temperature, humidity and oxygen (if required) are the advantages of such a mode of travel. It does mean, however, that the midwife travelling with a premature baby must be fully conversant with the equipment and the possible reactions of the infant whilst in the incubator. The following table shows the details of the work carried out by the midwives in the first six months of the service:

					<i>Visits paid</i>	<i>Incubator journeys</i>
July	..	..	..	..	23	—
August	..	..	..	..	30	—
September	..	..	..	..	22	—
October	..	..	..	..	56	2
November	..	..	..	..	78	1
December	..	..	..	..	36	1
					—	—
					245	4
					—	—

Since the inception of the service, 28 babies were cared for at home; of these 14 were born at home and 14 in hospital. Six babies were nursed continuously at home and the remaining 22 had been admitted to St. George's Hospital and were later discharged to the care of the premature baby nursing service. These babies were usually nursed until they reached a weight of 6 lbs. and then their records were handed over to the Health Visitor for the area.

General Remarks

Although the number of domiciliary births in 1963 is less than in the previous year, this does not indicate that the work of the domiciliary midwife has been reduced. In fact, although the number of confinements was less, the midwives' work was increased owing to the increased number of "early discharges" from hospital who had to have most of their post-partum nursing care at home. The above factors further indicate that a more careful selection of cases for hospital delivery took place and the majority of "early discharges" were cases who would have otherwise been confined at home but in whose case it was felt preferable that the birth should take place in hospital.

HEALTH VISITING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

At the end of the year, the staff consisted of the Superintendent Nursing Officer, ten Health Visitors (including one Tuberculosis Health Visitor), one part-time Health Visitor, three School Nurses and two Clinic Nurses (one part-time).

Miss Chilvers left in October to take up an appointment in Canada and by the end of the year it had not been possible to recruit a successor.

Miss Scott completed her training at Leeds University and commenced duty in the Department at the end of July.

For the first time for several years, it was not possible to recruit a Student to undertake Health Visitor's training.

Staff Training

Miss Crawford, Health Visitor, attended a two week Course in Leicester organised by the Health Visitor's Association.

Miss Clarke and Miss A. Taylor attended a two-day course in Leicester on screening tests of the hearing of young children and are now qualified to carry out this work.

Training of Hospital Personnel in Social Aspects of Diseases

Third year student nurses from the Hospital Nurses' Training School spend one morning with the Health Visitors in order to see something of the social aspects of preventive medicine and this year, for the first time, it was possible with the co-operation of the Chief Public Health Inspector, to show them also some of the work of the Public Health Inspectors. It is hoped that when the new syllabus of training is implemented, student nurses will be able to spend at least two days with the Public Health Staff, so that they may have a better understanding of the importance of community care.

Talks on the Social Services are given and film strips shown by the Superintendent Nursing Officer to each new school of nursing.

Home Visiting

The most important work of the Health Visitor is done in the homes of mothers with young children and it is regretted that due to shortage of staff and the additional duties which the Health Visitor has to undertake, the number of visits paid during 1963 to children under 5 years of age (13,361) is less than in the previous year (16,490).

At the request of the Ministry of Health, two tests for Phenylketonuria are now made on all infants. The first test is done by the midwife in the case of domiciliary births, or by the staff of the maternity hospital on or about the 10th day. The Health Department is notified if any abnormality is detected. The second test is undertaken by the Health Visitors between the 4th and 6th week after birth either at home or at the infant welfare clinic.

Four Health Visitors are now trained to undertake the screening tests of the hearing of children under 5 years who are considered to be "at risk." This is work which needs patience and time and cannot be hurried.

The home immunisation programme has increased in scope and three mornings each month are now devoted to this work by a Medical Officer and a Health Visitor. This is a valuable service and children whose parents are unable or unwilling to take them to their family doctor or to the clinic are now being protected. A considerable amount of work is involved in order to maintain a high rate of immunisation and it is certainly true that, as quoted in the Press recently, "if ever we stopped the ceaseless propaganda to mothers about protecting their children, the figures for inoculation would fall alarmingly."

The Health Visitors are very conscious of the appalling toll of life and limb caused by accidents in the home, especially by burning accidents, and they continue to urge parents to provide adequate fireguards. With the co-opera-

tion of the Housing Department, approximately sixty British Standard Fireguards were fitted free of charge into houses belonging to the Council during 1963, under an arrangement whereby weekly payments may be made by the tenants for the fireguards.

Details of the visits paid during 1963 are given in the following table:

HOME VISITING—HEALTH VISITORS

<i>Cases Visited by Health Visitors</i>	<i>Number of Cases</i>	<i>Number of Visits</i>
Children born in 1963	1,393	4,245
Children born in 1962	1,375	2,999
Children born in 1958-61	3,626	6,117
Total	6,394	13,361
Persons aged 65 years or over	53	135
Mentally disordered persons	2	52
Persons, excluding Maternity cases, discharged from hospital	4	8
Expectant Mothers	279	323
Visits to other cases	—	868
Total visits		14,747

Mothercraft Classes — The Stork Clubs

“The Stork Clubs” held on Monday and Thursday afternoons each week at the Welfare Centre, 34 Newland and on Wednesday afternoons at the Ravendale Clinic continued to be popular and well attended. The numbers on the register on 31st December, 1963 and the average sessional attendance were as follows:—

Newland Club	101	Average attendance ..	27
Ravendale Club	35	Average attendance ..	14

Talks are given at each session either by a member of the Health Department Medical or Dental Staff, Health Visitors, Midwives or by staff of the Lincoln and Bromhead Maternity Homes. Ante-natal audiences are extremely receptive and it is possible to convey to them a good deal of health education and many aspects of preventive medicine.

The instruction given in relaxation and breathing exercises is of great value and the Health Visitors receive many letters of appreciation from mothers stating how helpful they have found this instruction during their labour.

The importance of breast feeding is stressed and although the results are not as satisfactory as is desired, approximately 45% of mothers who attend the Stork Club do, in fact, successfully feed their infants.

Mothers' Clubs

During 1963, two new Mothers' Clubs were formed—one at Ravendale Clinic, for young mothers living in the North of the City and the other at Hartsholme Church Hall for those in the South of the City. The Central Club continues to be held at the Training Centre “Beaumont House” (rear of the City Health Department.)

Each Club meets on the 1st and 3rd Wednesday of the month and the members are very enthusiastic. Talks are given on a variety of subjects, films

are shown and discussions take place and we are most indebted to the staff of the Health Department and others who give their time voluntarily. One Health Visitor attends at each session to give some guidance on topics for discussion and also on future programmes to ensure that as far as possible, 75% of the topics are connected with the Health and Welfare of the community.

Problem Families

The care of problem families is undertaken jointly by several agencies — the staff of the Health Department, the Children's Department, the National Society for the Prevention of Cruelty to Children, the Women's Voluntary Services, the Probation Service and the National Assistance Board all contributing in an attempt to improve the conditions in the homes of these families.

The number of problem families in the City remains fairly constant and during 1963, 90 families were regarded as requiring special attention in order to prevent degeneration or "break-up" and of this number 21 were considered to be "potential problem families." Only by constant support and help and by repeated visiting in co-operation with other interested agencies is it hoped that these families can be kept together in their own homes.

The female Social Worker of the N.S.P.C.C. carried out valuable work in giving practical assistance and instruction to some of the more serious problem families. In addition, the Home Help Service played an important part in helping these families, particularly those cases where the mother of a large family had died.

The Social Workers Co-ordinating Committee meets every two months under the chairmanship of the Medical Officer of Health. Officers of the following Corporation Departments attend — Children, Education, Health, Housing and Welfare — together with representatives of the National Assistance Board, Ministry of Labour, the Probation Service, National Society for the Prevention of Cruelty to Children, Lincoln & District Council for Social & Moral Welfare, Hospital Almoner Service and the Women's Voluntary Services.

Six meetings were held during the year and the problems associated with 23 families were discussed at these meetings. It would be an overstatement to state that this Committee solves many problems — most of the families discussed are those whose problems appear to be well nigh insoluble; however, a certain amount of progress is made and even if slight improvement accrues following discussion by the Committee, this justifies the Committee's existence.

HOME NURSING

Superintendent Nursing Officer: MISS E. M. DAY

Staff

The establishment of the Home Nursing Staff was unchanged during the year and the staff consisted of 13 nurses (including 3 male nurses) and 1 part-time nurse.

Mrs. Attard resigned in July in order to take up a similar appointment with the Lindsey County Council.

Mrs. Cole, who had been undertaking part-time duties since March, 1959, was appointed a full-time District Nurse as from August, 1963.

Miss Pybone commenced duties as part-time relief nurse in December, 1963.

Post-Graduate Courses

Miss Day attended an Administrator's Course at Liverpool in May.

Miss Griffith and Mr. Parker attended a course in Bangor in June and Mrs. Drewery and Miss Dawson attended a course in Oxford in July.

General Remarks

The general pattern of the Service remains much the same. The decrease in the number of visits (31,906 compared with 33,047 in 1962) is partly due to the fact that from 1st August to 7th December, a part-time District Nurse for an area in the North of the City was not employed. Details of the number of patients attended and the number of visits paid during the past three years are given in the table below. It will be seen that approximately 58% of the patients visited were over 65 years of age.

It is a fairly common occurrence for a nurse to be called to a patient with, for example, acute bronchitis, and to find him alone in the house, fully dressed, lying on a settee, perhaps incontinent and he may have been there for two or three days before a neighbour called the doctor. The nurse may spend two hours or more at this house arranging perhaps for a bed and mattress to be brought downstairs, collecting nursing equipment from the Health Department, finding or borrowing sheets, blankets, etc., contacting relatives who might help, arranging for a home help or night attendant, finding out if neighbours will come in from time to time to mend the fire, give the patient a drink, etc. All this counts as one visit by the nurse on the "return sheet" and the total number of visits in any one week in no way reflects the actual work undertaken by the nurse.

HOME NURSING

	1963	1962	1961
No. of cases attended by the Home Nurses ...	1,236	1,282	1,214
No. of visits paid by the Home Nurses ...	31,906	33,047	32,536
No. of patients aged under 5 at time of the first visit	15	30	36
No. of patients aged 65 years and over at time of first visit	715	703	638

In July, 1963 the Ministry of Health issued a circular to Local Authorities stating that the Minister wished to commend the provision by local health authorities of incontinence pads as part of their arrangements for the care of patients under Section 28 of the National Health Service Act, 1946. Pads for use by incontinent patients being nursed at home have been available from the Lincoln Health Department for the past three years and they have proved to be of great benefit both to patients and to those looking after them. The pads are convenient and time-saving for nurses, they reduce the laundering of soiled bed linen and make it possible to nurse at home some patients who would otherwise have to be admitted to hospital. The pads cost approximately 4½d. each and it is expected that approximately 10,000 pads will be used each year.

These pads are used in the main by patients being attended by the District Nurses but as this service is provided under Section 28 of the National Health Service Act, the pads are available to any other incontinent persons on the recommendation of the General Practitioners.

Training of Hospital Personnel in Social Aspects of Diseases

Before students leave the Preliminary Training School, they spend one morning with the District Nurses. This enables them to see not only some of the work of the District Nurse, but also the environment from which some of the patients in Hospital will come.

This visit is not entirely satisfactory as it is undertaken too early in the nurses' training. When the new Nurse Training Syllabus is implemented, students will spend a longer time with the Public Health Department staff and this experience will come in the second and third year of training, when a more realistic picture can be given of the work of the Department.

VACCINATION AND IMMUNISATION

Vaccination against Smallpox

In November, 1962, the Ministry of Health issued to Local Health Authorities the advice of the Standing Medical Advisory Committee that routine vaccination against smallpox should preferably be given during the second year of life, instead of at the age of three to four months as previously recommended. In view of this advice, whilst not wholeheartedly accepting the reasons for the change, it was decided to adopt the new schedule at the Infant Welfare Clinics in Lincoln as from 1st January, 1963. This meant that the great majority of children born in 1963 and also in the last quarter of 1962 would not be offered primary vaccination until 1964 or 1965. Furthermore, very few children who were aged 1—2 years in 1963 would be offered vaccination as the majority (approximately 67%) had been vaccinated during the previous year. The numbers vaccinated in 1963 are therefore unusually low when compared with previous years and in particular when compared with 1962 when the figures were abnormally high due to the fact that outbreaks of smallpox in certain parts of the country had acted as a forceful stimulus for vaccination.

A summary of the vaccinations carried out during 1963 is as follows:

Vaccinations	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>15 years or over</i>	<i>1963 Total</i>	<i>1962 Total</i>
By Local Health Authority's Staff	14	34	—	3	51	1995
By General Practitioners ...	67	31	20	73	191	1767
TOTALS	81	65	20	76	242	3762
Re-vaccinations						
By Local Health Authority's Staff	—	5	1	4	10	1207
By General Practitioners ...	—	13	29	148	190	1171
TOTALS	—	18	30	152	200	2378

Combined Immunisation against Diphtheria, Whooping Cough and Tetanus

No alteration in the programme of immunisation against Diphtheria, Whooping Cough and Tetanus took place in 1963. The primary course consists of 4 injections of which 3 are given at monthly intervals (at 4, 5 and 6 months) as an initial course, followed by a 4th injection at 16 months, or 10 months after the third injection, if the initial course is given later than the age recommended. In this way an attempt is made to produce a better state of immunity against Whooping Cough and Diphtheria and also to overcome the objection which has been levelled at the timing of the monthly intervals

between the doses of Tetanus antigen when it is given as a course of three injections of Triple Antigen at monthly intervals. The programme has the further advantage that when children enter school, it will not be necessary to give a booster dose of Whooping Cough antigen, as it is believed that the fourth dose given in the primary course will provide an adequate immunity. The booster dose on school entry will therefore be one of Tetanus/Diphtheria antigens.

For primary immunisation, Triple Antigen is now used almost exclusively, although immunisation using a single antigen is available if any parents request this. The figures in the table below show that this request is seldom made either to Local Authority staff or to general practitioners.

In 1963 there was a slight increase in the proportion of children under 1 year of age who were immunised — 65% compared with 62% in 1962. Only slow progress in improving these figures can be expected. However, some progress was made by the home immunisations Scheme and the figures below show that in the age group 1-4 years, 201 children were immunised compared with 63 in the previous year. These were mainly children who should have been immunised during their first year of life but whose parents had neglected to have this done for a variety of reasons. It is apparent that this scheme of home immunisations is reaching those families who have been most resistant in the past to immunisation propaganda.

Primary Courses Completed				<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>1963 Total</i>	<i>1962 Total</i>
<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	—	—	2	2	6
Diphtheria-Pertussis	...	...	...	—	—	—	—	6
Diphtheria-Tetanus	...	...	...	8	5	117	130	38
Diphtheria-Tetanus-Pertussis	...	...	...	615	196	7	818	716
Diphtheria-Tetanus-Pertussis-Polio	...	...	...	2	—	—	2	—
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...	...	...	—	—	—	—	1
Diphtheria-Pertussis	...	...	...	—	—	—	—	—
Diphtheria-Tetanus	...	...	...	—	—	—	—	1
Diphtheria-Tetanus-Pertussis	...	...	...	278	66	10	354	421
Diphtheria-Tetanus-Pertussis-Polio	...	...	...	25	2	—	27	—
Totals	...	...	...	928	269	136	1333	1189

Re-inforcing Injections

<i>By Local Health Authority's Staff:</i>								
Diphtheria Immunisation only	...	...	...	—	1	24	25	160
Diphtheria-Pertussis	...	...	...	—	1	—	1	1
Diphtheria-Tetanus	...	...	...	—	27	521	548	483
Diphtheria-Tetanus-Pertussis	...	...	...	—	614	2	616	376
<i>By General Practitioners:</i>								
Diphtheria Immunisation only	...	...	...	—	—	5	5	1
Diphtheria-Pertussis	...	...	...	—	—	1	1	1
Diphtheria-Tetanus	...	...	...	—	1	5	6	6
Diphtheria-Tetanus-Pertussis	...	...	...	—	40	39	79	66
Totals	...	...	...	—	684	597	1281	1094

As most authorities now feel that Primary Whooping Cough immunisation is not necessary in children over 5 years of age, it was decided to offer primary immunisation against Diphtheria and Tetanus only to those school entrants who had not been immunised in infancy. In 1963, 136 children received primary immunisation and of this number, 117 were immunised against Diphtheria and Tetanus only.

The ready co-operation of the head teachers and the teaching staff in the arrangements for the carrying out of the immunisation programme at schools is greatly appreciated.

Immunisation against Tetanus only

Tetanus immunisation was again offered to primary school children and 690 children, who had not been immunised in infancy, were immunised during 1963. The number of school children immunised against Tetanus in 1963 was much smaller than in previous years and the number will continue to decrease as the stage has now been reached when the majority of children in the Primary Schools have been immunised in infancy.

	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>1963 Total</i>	<i>1962 Total</i>
<i>Primary Courses Completed:</i>					
By Local Health Authority's Staff	—	—	670	670	1169
By General Practitioners ...	—	1	20	21	36
Totals ...	—	1	690	691	1205
<i>Re-inforcing Injections:</i>					
By Local Health Authority's Staff...	—	—	5	5	23
By General Practitioners ...	—	—	12	12	7
	—	—	17	17	30

A scheme is in operation whereby the Casualty Department at the County Hospital telephones the Health Department to ascertain if a patient has been immunised against Tetanus and if so, the information on the record card is given; the Casualty Officer is then able to decide whether or not adequate immunity exists and the use of anti-tetanus serum following an injury is often avoided. This scheme is used considerably and each year there is an increase in the number of children who, because the Health Department can supply details about their immunisation to the hospital, avoid the administration of anti-tetanus serum.

The Hospital Casualty Department also supply information to the Health Department regarding children who have been immunised against Tetanus at the Hospital or who have had Anti-Tetanus Serum or a dose of Tetanus Toxoid, so that any future immunisation procedure may be modified if necessary.

Poliomyelitis Vaccination

Sabin Oral Vaccine was available throughout 1963 and under the Local Authority vaccination programme, this vaccine was used almost exclusively. Furthermore, Sabin vaccine was increasingly used by the general practitioners.

The policy of giving a fourth dose to children in the 5-12 years group was continued and all first year school children were offered this "booster" dose. 991 children had a fourth dose of Sabin vaccine at school during the summer term and 5 children had Salk vaccine.

All children in the 5-12 years age group have now been offered a fourth dose of vaccine and at the end of the year the total number of children who had been given a booster dose was 7,937.

The table below shows that the total number of persons who have had a full course of Poliomyelitis vaccination since the scheme started in April, 1956, was 37,916. The table also shows that by the end of 1963, approximately 74%

of children aged 2-3 years had been vaccinated and 63% of children aged 1-2 years had been vaccinated.

POLIOMYELITIS VACCINATION — YEAR ENDED 31st DECEMBER, 1963

	<i>Children and Young Persons</i>			<i>Children born in years</i>	<i>Young Persons born in years</i>	<i>Young Persons born in years</i>	<i>All Others</i>	<i>Total</i>
	1963	1962	1961	1943-1960	1933-1942			
Numbers vaccinated during the period April, 1956 to 31st December, 1962	—	108	884	19403	7430	8111		35936
Numbers vaccinated during the period 1st January, 1963 to 31st December, 1963								
By Local Authority Staff—Salk	1	4	—	—	—	—		5
Sabin	108	623	143	201	119	410		1604
By General Practitioners—Salk	24	55	18	5	15	9		126
Sabin	17	107	48	27	24	22		245
	<u>150</u>	<u>897</u>	<u>1093</u>	<u>19636</u>	<u>7588</u>	<u>8552</u>		<u>37916</u>
Number of third doses given up to 31st December, 1962								32797
Number of third doses given between 1st January and 31st December, 1963								
By Local Authority Staff — Salk			...	...	...	...		5
*Sabin			...	...	...	...		69
By General Practitioners — Salk			...	...	...	...		111
*Sabin			...	...	...	...		59
								<u>33041</u>
Number of fourth doses given up to 31st December, 1962								6899
Number of fourth doses given between 1st January and 31st December, 1963:								
By Local Authority Staff — Salk			...	...	...	...		5
*Sabin			...	...	...	...		991
By General Practitioners — Salk			...	...	...	...		14
*Sabin			...	...	...	...		28
								<u>7937</u>

* In these cases Sabin (Oral) vaccine has been used as a "booster" dose following either two or three injections of Salk type vaccine. A full course of Sabin vaccine consists of three doses and the figures relating to persons who have a full course are shown under the respective age group headings.

AMBULANCE SERVICE

Ambulance Officer: V. R. NORTH, F.I.A.O.

The new Ambulance Station was completed on 4th June and the Service transferred to the new premises on 8th June, 1963.

The new Station is designed to accommodate ten vehicles and is capable of extension at a later date should an expansion of the Service be necessary. The site in South Park Avenue is thought to be as near as possible to the geographical centre of the City, as envisaged in the future. The new Fire Station is being erected on the adjoining site as the Ambulance Station and one boiler house serves the two buildings which are, however, in all other respects separate. Each Service has a separate entrance and exit and despite the fact that South Park Avenue is a busy road, at the end of the year no difficulty had been experienced in the egress of the Ambulance Service vehicles.

The Station consists of an administrative section and bays for vehicles, for carrying out repairs and for washing. There is a large dual-purpose room which in normal circumstances is used as the men's rest room canteen, but it can also be used for lectures and training purposes. There is adequate storage room for stretchers and other equipment.

The Photographs show the Administration Block and the Vehicle Bays.

During the year the Ambulance Service carried a total number of 37,710 patients, in addition 512 non-patient carrying journeys were undertaken. Mileage involved in this work totalled 161,098.

Patients carried, for whom the Lincoln Authority was responsible, increased by 3,460, from 30,719 in 1962, to 34,179 in 1963. Mileage also increased from 109,935 in 1962 to 132,248 in 1963, an increase of 22,313.

Whilst most categories of patients showed an upward trend during the year, by far the greatest increases were in Maternity Cases and patients attending hospital for out-patient treatment. The increase in out-patients being mainly due to the growth of Physio-Therapy facilities at St. George's Hospital, where the numbers have more than doubled over the last few months.

Patients requiring transport to distant hospitals, usually single cases, have also increased during the past year. This type of work has no doubt had a strong bearing on the increased mileage, and tends to increase the mileage in relation to patients carried. Despite this rise in "out of City" work a reduction in miles per patient can be shown, from 4.92 miles per patient in 1962 to 4.27 miles per patient in 1963, an insignificant amount until it is realised that 37,710 patients were carried.

From the 1st April, 1963, the Kesteven County Council undertook responsibility for that part of their own area previously served by this Authority on an agency basis. In planning the Ambulance Service requirements after the 31st March, 1963, it appeared reasonable to presume a reduction in miles and patients corresponding to the amount of work done on behalf of the Kesteven Authority during 1962—43% in mileage and 25% in patients. This presumed reduction has not in fact taken place, and from the appended tables it may be seen that, ignoring the figures shown for the Kesteven Authority up to the 31st March, a reduction of only 33% in mileage and 17% in patients has occurred.

The following tables give some indication of the type of case dealt with during the year, and enable comparisons to be made in miles and patients:

Annual Comparative Table

<i>Cases</i>		1959	1960	1961	1962	1963
Ambulance ..		10955	10643	11903	13492	12002
Sitting		24551	28395	28443	28094	25708
	TOTAL	35506	39038	40346	41588	37710
<i>Miles</i>						
Ambulance ..		76395	66102	68417	74347	61389
Sitting		146759	144491	136505	130524	99709
	TOTAL	223154	210593	204992	204871	161098
<i>Miles per Patient</i> ..		6.924	5.394	5.079	4.925	4.271



LINCOLN AMBULANCE STATION—ADMINISTRATION BLOCK



LINCOLN AMBULANCE STATION—VEHICLE BASE

Out of Town Journeys

<i>Miles</i>	1963			1962		
	50/100	100/200	200/300	50/100	100/200	200/300
<i>Journeys</i>	315	130	12	312	84	9

KESTEVEN (3 months)				1962			
<i>Case Type</i>	1963			3 months			
	<i>Number</i>	<i>Miles</i>		<i>Number</i>	<i>Miles</i>	<i>Number</i>	<i>Miles</i>
Street Accidents ...	48			164		37	
Home Accidents ...	10			29		6	
Street Illness ...	6			9		1	
Home Illness ...	146			493		124	
Mental Illness ...	7			28		7	
Out-Patients ...	2775			9209		2435	
Maternity Cases ...	55			200		62	
Infectious Cases ...	—			7		1	
Hospital Transfers ...	56			151		37	
Hospital Discharges ...	66			246		45	
Totals	3169	23868		10536	88522	2755	22225
LINCOLN							
Street Accidents ...	620			658			
Home Accidents ...	208			149			
Street Illness ...	190			225			
Home Illness ...	2102			1986			
Mental Illness ...	63			53			
Out-Patients ...	27842			24648			
Maternity Cases ...	644			557			
Infectious Cases ...	15			18			
Hospital Transfers ...	1246			1233			
Hospital Discharges ...	1249			1192			
Totals	34179	132248		30719	109935		
LINDSEY							
Street Accidents ...	154			103			
Home Accidents ...	8			8			
Street Illness ...	5			7			
Home Illness ...	87			90			
Mental Illness ...	—			11			
Out-Patients ...	6			8			
Maternity Cases ...	74			55			
Infectious Cases ...	—			3			
Hospital Transfers ...	2			3			
Hospital Discharges ...	—			4			
Totals	336	4095		292	4602		
Other Authorities							
Street Accidents ...	7			3			
Home Accidents ...	—			—			
Street Illness ...	—			—			
Home Illness ...	4			2			
Mental Illness ...	4			18			
Out-Patients ...	1			8			
Maternity Cases ...	1			—			
Infectious Cases ...	—			—			
Hospital Transfers ...	2			5			
Hospital Discharges ...	7			5			
Totals	26	887		41	1812		
Grand Totals	37710	161098		41588	204871	2755	22225

Non-Patient Carrying Journeys					
		1963		1962	
Analgesia		7		5	Mileage included in respective authorities
Midwives	...	264		232	
Abortive	...	65		94	
Service	...	176		231	
Totals		512		562	

Staff

Anticipating a substantial reduction in work after the Kesteven Authority undertook responsibility for their own area, a reduction in establishment of two driver/attendants was authorised. This reduction was put into effect from the 1st of April by the voluntary transfer of two men to the Kesteven Ambulance Service.

In order to meet all local demands on the service during the day, a minimum of six men are required to provide efficient, safe "home cover". Due to out-of-town work, plus the loss in man hours from sickness and a further increase in holiday entitlement, this minimum has proved impossible to maintain, and locally based staff are often reduced to a dangerously low level.

During the year two men resigned from the service and one driver with many years service died suddenly; new men were recruited to fill these vacancies, and at the end of the year the full establishment of the service was as follows:

Ambulance Officer	..	..	1
Deputy Ambulance Officer			1
Male Clerk/Telephonist	..		1
Female Clerk/Telephonist	..		1
Female Clerk	..	..	1
Driver/Attendants	..	..	24
			—
TOTAL STAFF	..		29
			—

Illness

Illness amongst the staff during the year was rather heavy, a total of 185 days were lost due to sickness involving 18 men.

Training

Training has been maintained at a reasonably high level and all personnel were given the opportunity of attending lectures on subjects of interest in addition to the annual St. John's Association instructional courses. Voluntary Civil Defence Training is proving unpopular, although a number of drivers are attending regular classes with a view to becoming instructors.

Competitions

Once again all drivers were entered in the National Safe Driving Competitions and awards for 1962 were presented at the new Ambulance Station to those drivers who had qualified.

Equipment

Blankets left at hospitals with casualties, continue to be a source of worry and lost time to drivers, it is only by constant checks that losses are kept

within reasonable limits. It is hoped that the purchase of blankets in colours only obtainable by this service will reduce losses to an absolute minimum.

All oxygen equipment is serviced at frequent intervals thereby being maintained in good order. The "Novox" resuscitation apparatus, however, is well over ten years old and replacement with modern equipment should be considered.

During the year the arrangements for the conveyance to hospital of babies requiring the use of special equipment have been entirely successful, the equipment maintained at the Ambulance Station being as follows:

1. An "Oxygenaire Oxycot" for the use of babies up to six months who require oxygen during the journey.
2. A new portable incubator, supplying the necessary oxygen concentration and humidity conditions. This incubator is thermostatically controlled and is designed to maintain its heat from the ambulance electrical supply during the journey. A trained midwife accompanies the incubator on all journeys.

Patients Carried by Rail

Railway facilities were used in transporting 107 patients, and the estimated mileage was 10,584.

The use of rail transport for stretcher cases has practically ceased apart from journeys by main line trains.

Transport of Chiropody Cases

During the year 273 patients were transported to the Chiropody Clinic at "Beaumont Lodge", an increase of 59 over 1962. Mileage also increased by 292 to 1,125 miles.

Vehicles

During August, delivery of a new Austin Hire-Car was accepted; this vehicle replaced a similar car which had covered over a quarter of a million miles. This type of vehicle is considered to be ideal for use in the smaller ambulance services, being used extensively for the transfer of patients to distant hospitals and convalescent homes, and in the transport of maternity cases. As may be seen from the appended tables these vehicles average approximately four times the mileage of other service vehicles.

A word should perhaps be said here on the difficulties being experienced by drivers in attempting to answer emergency calls in the face of the ever increasing volume of traffic. Although the blue flashing lamps are proving extremely useful in warning approaching traffic, some difficulty is always experienced in attempting to pass vehicles travelling in the same direction as the ambulance. On the rare occasions when speed is essential, valuable minutes can be lost behind slow moving vehicles or lines of traffic unaware of the ambulance wishing to overtake. Some thought may be given to providing more audible means of warning i.e. amplified bell or siren, both of which are now authorised for use on ambulances.

At the 31st December 1963, the fleet statistics were as follows:

<i>Type of Body</i>	<i>Make</i>	<i>Year</i>	<i>Mileage</i>	<i>Reg. No.</i>
Ambulance	Bedford	1954	174,787	HFE 936
Ambulance	Bedford	1958	84,927	MVL 831
Ambulance	Austin	1960	51,838	PFE 979
Ambulance	Austin	1961	34,001	RFE 453
Ambulance	Morris	1962	13,843	TFE 905

Dual Purpose	Morris	1962	17,643	TFE 910
Sitting Case	Morris	1962	30,384	TFE 411
Sitting Case	Bedford	1958	98,952	MVL 756
Car	Austin	1957	241,309	LFE 859
Car	Austin	1963	8,319	VFE 926

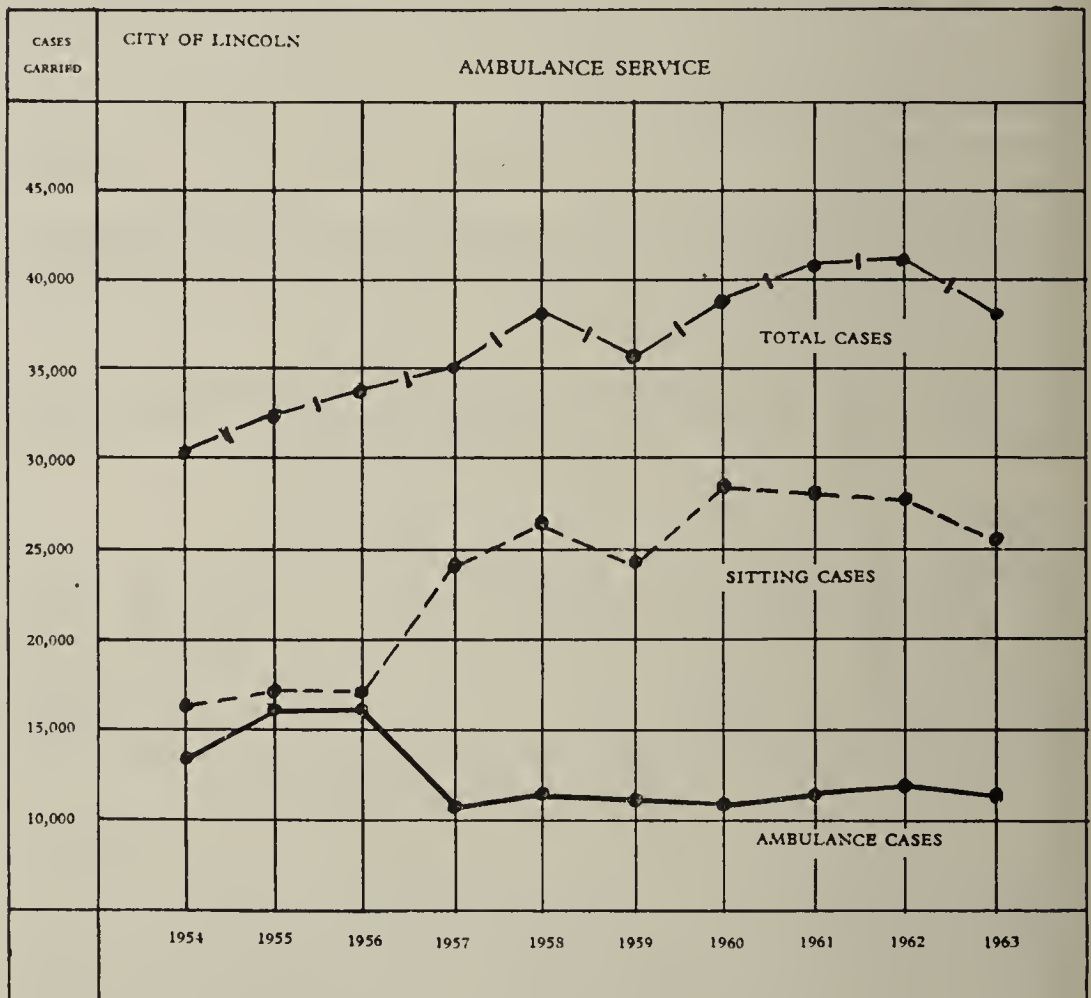
Co-operation With Other Services

There has been no difficulty in maintaining a high standard of co-operation with other services, particularly those surrounding the City; liaison with police and fire services continues at a high level.

Fuel Consumption

During 1963, petrol consumption was 10,985 gallons, an average of 14.7 miles per gallon.

Oil consumption was 88 gallons, an average of 178.2 miles per pint.



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The work on prevention of Tuberculosis is at present fairly static. There is close co-operation between the Chest Physician, the Health Visitor for Tuberculosis work and the Family Doctors, so that the patient obtains the fullest benefit from all three Services.

The Tuberculosis Health Visitor undertakes duties at the Chest Clinic by arrangement with the Chest Physician and normally attends two sessions each week. During 1963, she attended 120 clinic sessions as compared with 160 sessions in the previous year. The majority of the patients at these particular sessions are resident in the City and her attendance affords a suitable opportunity for seeing new patients. She undertakes the visiting of the patient and his family before admission to hospital, explains about his treatment and arranges for contacts to attend the Chest Clinic where adults have a Chest X-ray and children a skin test with subsequent B.C.G. vaccination if found to be necessary. During 1963, 23 new cases of Tuberculosis were notified, compared with 47 in 1962.

When a patient is not admitted to hospital but has treatment at home, the Tuberculosis Health Visitor instructs the patient and relatives in the taking of drugs, disposal of sputum and general hygiene. Any home nursing equipment needed is provided, the services of a Home Help are obtained if required and advice is given regarding obtaining additional financial assistance in necessitous cases.

The duties of the Tuberculosis Health Visitor also include:

- (a) The follow-up of patients immediately after discharge from hospital to advise on continued treatment at home and to arrange for any necessary assistance to be provided and to undertake further routine follow-up visits as necessary.
- (b) Visits in connection with reading Mantoux tests, Heaf testing, B.C.G. vaccination and follow-up of non-attenders at the Chest Clinic; also any special visiting requested by the Chest Physician.
- (c) Visits to the Senior Schools in the City during the Autumn Term, accompanied by a School Medical Officer, to carry out the B.C.G. vaccination of children in the 13-14 years age group.

During 1963, the Tuberculosis Health Visitor paid 403 domiciliary visits, compared with 627 during the previous year.

The following is a list of the special facilities available for the Tuberculous patient:

1. Free Milk — After a financial assessment has been made, one or more pints of free milk daily may be allowed to a patient. 52 patients received free milk during 1963 and of this number, 34 persons continued to receive assistance granted in a previous year.
2. Financial Assistance — has been given during the year from the Dawber Trust Fund and from the Lincoln Sick Poor Fund, mainly towards help with clothing or in some cases with coal.
3. Home Help Service — is available for elderly patients or where the patient is a mother with a young family.
4. Home Nursing Equipment — is available for patients nursed at home.
5. Voluntary Services — The W.V.S. and British Red Cross Society also provide assistance. The W.V.S. have a clothing store from which some patients have benefitted and the Red Cross Society have a supply of home nursing equipment.
6. Housing — in some cases where there is overcrowding or insanitary conditions, consideration is given to the problem of rehousing. Recommendations are made by the Health Committee to the Housing Committee and a case receiving priority recommendation is usually rehoused in a matter of months. The position during the year was as follows:

Awaiting re-housing on 1st January, 1963	..	..	-
Recommended for re-housing during the year	..	..	4
Re-housed during the year	..	..	2
Awaiting re-housing on 31st December, 1963	..	..	2

Contacts of cases coming to the notice of the Health Department of persons dying from Tuberculosis whose disease was not notified during life, are followed up by the Department. Visits are paid by the Tuberculosis Visitor and arrangements are made for members of the family to attend for examination at the Chest Clinic. There were six cases in this category during 1963.

I am indebted to the Consultant Chest Physician, Dr. H. G. H. Butcher, for the following report:

“During 1963, there was no change in the general work of the Chest Clinic; the steady fall in the number of cases which has occurred during recent years has not been maintained. A levelling out has occurred and it is possible that this latter process will now be maintained rather than any further dramatic fall. The great thing is to continue with full investigation of all known contacts of cases that occur, to have regular visits of the Mass Miniature Radiography Unit to various parts of the country and to continue with the B.C.G. inoculation of all school leavers found to be Tuberculin negative.”

B.C.G. VACCINATION

Contact Scheme

Under the scheme for the protection of contacts, B.C.G. vaccination is carried out by the Chest Physician on behalf of the Local Health Authority and all child contacts of known tuberculous patients who on testing are found to be “Mantoux Negative” are offered vaccination at the Lincoln Chest Clinic.

The number vaccinated under these arrangements during 1963 was 113 as compared with 125 during 1962.

School Children Scheme

Vaccination of school children in the 13-14 years age group was continued in 1963 under the approved scheme.

The senior schools in the City were visited during November by a medical officer accompanied by a nurse and clerical assistant. All children in the 13-14 years age group whose parents had given consent had a Heaf skin test and, if found necessary, were vaccinated with B.C.G. The “consent rate” for 1963 was 78%.

The following table gives details of the numbers dealt with during 1963:

Number skin tested	..	1019
Number found positive	..	70
Number found negative	..	935
Number vaccinated	..	935

The number found positive was 7% of the number tested, the lowest figure since the B.C.G. Scheme was introduced in 1956.

The Heaf positive reactors were graded in accordance with the degree of the reaction and arrangements were made for them to have a chest X-ray examination. 33 children (grades 3 and 4) were given appointments to attend for a large film at the Lincoln Chest Clinic and all attended. The results may be classified as follows:—

No evidence of disease	..	..	..	20
Signs of old healed lesions	..	..	..	12
Enlarged hilar gland (requiring treatment)	..			1
				—
				33
				—

37 children (grades 1 and 2) were referred to the Mass Radiography Unit in February, 1964. All except one child attended and no abnormalities were discovered.

In order to obtain some idea of the efficacy of B.C.G. vaccinations carried out in schools, it was decided in December to Heaf test a sample batch of children vaccinated in the previous year. 100 children were selected at random and appointments sent for their attendance at the Health Department. 74 attended for the Heaf test and of this number 70 gave positive results, 1 negative and 3 failed to attend for reading. (Conversion rate 99%).

Students Scheme

Under the scheme for B.C.G. vaccination of students attending colleges and other establishments of further education, vaccination was again offered to students attending the Lincoln Training College, the Lincoln Technical College and the Lincoln School of Art, but the response was very disappointing.

Since this scheme was introduced in 1960, the number requiring B.C.G. vaccination has rapidly diminished and in 1963 only 14 students applied for this form of protection. A session was held at the Health Department in May and 11 students attended for the Heaf test. Of these 4 were found positive and 6 were negative and were vaccinated. One defaulted.

MASS RADIOGRAPHY

The Lincolnshire Mass Radiography Unit paid a visit to the City in February and March, 1963, and public sessions were held on the Thornbridge Car Park.

The total number of attendances during this survey was 9,654, compared with 5,960 during 1962.

I am indebted to the Medical Director of the Unit for the following information giving details of the work carried out during the survey:

			<i>Males</i>	<i>Females</i>	<i>Total</i>
No. X-rayed on miniature film	..	..	5942	3712	9654
No. recalled for large films	..	..	72	31	103
No. referred to Chest Clinic	..	..	21	10	31
No. referred to own doctor	..	..	16	13	29
No. of cases of Pulmonary Tuberculosis requiring close clinic supervision or treatment			3	1	4
No. of cases of Pulmonary Tuberculosis requiring occasional supervision	..	..	5	1	6
Pulmonary Tuberculosis post primary inactive			1	—	1
Bronchiectasis	..	..	—	—	—
Neoplasm, malignant	..	..	4	—	4
Neoplasm, non-malignant	..	..	—	—	—
Cardiac abnormality	..	..	—	1	1

X-ray Examination of Staff

Arrangements are made for the X-ray examination, prior to appointment of new staff of the Council's Day Nursery, Children's Homes, and also employees of the Education Authority such as teachers, student teachers, school caretakers, school meals staff, etc., in fact, all Corporation employees who come into contact with children during the course of their work. In addition, the staffs mentioned are invited to undergo an annual chest X-ray when the Mass Radiography Unit is available in Lincoln.

OTHER ILLNESSES

The Council's Welfare Department undertakes the care and after-care, under Part III of the National Assistance Act, 1948, of partially sighted and blind persons, deaf and partially deaf persons, persons suffering from other handicaps and the aged and infirm.

Close co-operation was maintained during the year between the Health Department and the Welfare Department.

In connection with blind persons, table 'A' below gives information regarding the incidence of blindness during 1963 and the steps taken with regard to treatment. Table 'B' shows that there was no notification of ophthalmia neonatorum during the year.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

				<i>Cause of Disability</i>			
				<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends:—							
(a) No treatment	...	...	—	—	—	—	14
(b) Treatment (Medical, surgical or optical)	...	5	—	—	—	—	13
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment				2	—	—	13

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	...	...	...	...	—
(ii) Number of cases in which:—					
(a) Vision lost	...	...	...	...	—
(b) Vision impaired	...	...	...	...	—
(c) Treatment continuing at end of year	...	...	...	...	—

After-Care of Patients following discharge from Hospitals

From time to time, mainly in connection with aged persons, a request is made by the Hospital Almoner for after-care, help and supervision. This usually takes the form of arranging in advance for the services of a Home Help and visiting by the Health Visitor.

Occasionally the request is in connection with an aged person living alone who has left hospital against medical advice, and the District Nurse and Home Help co-ordinate care in association with the General Practitioner.

Provision of Nursing Equipment and Apparatus

The City Health Department maintains a store of standard articles of nursing equipment.

During the year 444 patients were assisted and 968 articles of equipment were issued. The comparable figures for 1962 were 488 patients assisted and 918 articles issued. There was a steady demand throughout the year for most of the items of nursing equipment and almost without exception it was possible to supply every article requested.

Particulars of the equipment issued during 1963 are as follows:

Air rings.. ..	85
Bed cages	40
Bed pans	203
Bed pans (rubber)	2
Bed rests	111
Bed block (sets).. ..	4
Bed tables	1
Bedsteads	19
Commodes	41
Crutches (pairs)	9
Draw sheets	5
Dunlopillo cushions	17
Dunlopillo mattresses	2
Feeding cups	20
Fracture boards (sets)	8
Mackintosh sheets	237
Mattresses	20
Sputum mugs	3
Tripod Walking Sticks.. ..	25
Urinals	85
Wheel chairs	31

	968

CHIROPODY SERVICE

The Chiropody Service was taken over from the City of Lincoln Association for the Care of the Elderly by the Health Committee in August, 1960. The clinic is held at Beaumont Lodge and the majority of patients manage to reach the clinic on foot. Other patients who are unable to use public transport by reason of physical disability are conveyed to and from the clinic by the Ambulance Service on the recommendation of the Family Doctor.

By the end of 1962 the demand for chiropody treatment had increased to such an extent that the Health Committee decided to appoint a full time Chiropodist in place of the two part-time Chiropodists who had hitherto been employed and Miss S. M. Malt, M.Ch.S., commenced duty on 31st December, 1962.

For the first few months of the year Miss Malt was able to deal effectively with the existing patients and it was possible to reduce the waiting time for new patients and the interval between treatments. However, as it became known that a full-time Chiropodist was employed the demands on the service gradually increased and it soon became evident that one Chiropodist was unable adequately to cope with the number of new applicants for treatment. In addition to the Clinic, a domiciliary service is also provided for patients

over 85 years of age and for those unable to visit the Clinic and the number of requests for home treatment also increased during the year.

By the end of October the position had been reached where the interval between treatments had increased to approximately 12 weeks for clinic patients and rather longer for domiciliary patients. The waiting period for new patients was also 12 weeks or more which naturally caused a certain amount of dissatisfaction. Ideally, patients should be seen every 7 to 8 weeks and new applicants should obviously be given immediate treatment.

There are in Lincoln some 8,000 persons of pensionable age who are entitled to use the Chiropody Service, apart from an unknown number of physically handicapped persons and expectant mothers for whom the Service is also intended. At the end of 1963 there were approximately 820 patients on the register, a very small proportion of the number eligible but far too many for one Chiropodist to treat effectively. With this in mind, the Health Committee decided to recommend the appointment of an additional full-time Chiropodist in the next financial year and there is no doubt that such an appointment would alleviate the problem for the immediate future.

The following table gives the details of attendances and income received from patients during 1963:

	<i>No. of Sessions</i>	<i>Total Attendances</i>	<i>Average Attendances per Session</i>	<i>Total Receipts</i>
Morning Clinics	162	1471	9.08	} £242 18s. 0d.
Afternoon Clinics	99	881	8.9	
Home Visits		867		
				£81 2s. 0d.
				<hr/> £324 0s. 0d. <hr/>

YELLOW FEVER VACCINATION

In accordance with Ministry of Health Circular 19/59 (dated 25th June, 1959), Yellow Fever Vaccination continued to be available at the Health Department on request, to persons travelling abroad.

Under Section 28(2) of the National Health Service Act, authorities were empowered, with Ministry of Health approval, to recover such charges as the authorities considered reasonable. The City Council decided that a reasonable charge (having regard to the cost of the vaccine) would be £1 1s. 0d. per vaccination.

During 1963, 172 vaccinations were carried out and the persons were from the following areas:

Lincoln	60
Lindsey County	32
Kesteven County	49
Holland County	9
Nottinghamshire County	11
Derbyshire County	5
Other areas	6
	<hr/> 172 <hr/>

HEALTH EDUCATION

Health Education is one of the most important duties of the Health Department and at the same time, it is an activity which tends to be considerably neglected. In order to provide a fully effective programme, it would be necessary to have similar personnel, to use the same techniques and to have comparable financial backing to that of the large advertising concerns. Local Health Authorities are clearly incapable of competing with the enormous amount of propaganda and advertising provided by commercial concerns at the present time. The greatest impact that Local Authorities can make is that of personal contact and the principal agent in making this contact is the Health Visitor, whose activities at Infant Welfare Clinics, during home visiting and in every part of her daily duties make a most important contribution to the dissemination of health education and information regarding the prevention of illness. Now that the average attendance at the infant welfare clinics has been reduced, due to the provision of additional clinic sessions, it may be possible for the Health Visitors to devote more time to mothercraft and parentcraft teachings at the clinics.

The importance of parentcraft has recently been emphasised and a One-Day Study Course was organised by the Central Council for Health Education for Health Visitors and other Health Department Staff and held at the Ravendale Clinic on 15th May, 1963. Staff of the Health Departments of the neighbouring County Authorities also attended. The Course was devoted to "Parentcraft teaching — methods and techniques for use in clinics, schools and other associations" and "The Production and use of Educational Aids".

In view of the Principal School Dental Officer's repeated reports to the Education Committee that over 80% of the children examined at routine dental inspections require dental treatment, a continued effort was made to indicate to parents the reasons for this state and also to advise them on the methods of preventing dental caries. It is hoped that dental health propaganda will increase year by year and a major dental health campaign is planned to take place in Lincoln commencing in the latter part of 1964.

As far as possible, the Health Education programme was so arranged that the various subjects would have the maximum impact at the appropriate time — food hygiene was dealt with particularly during the summer months and the risks associated with burning accidents were stressed in the late autumn when people were starting to use open fires for heating.

The course on Food Hygiene at the Lincoln Technical College which was conducted by a Public Health Inspector was well attended. An increasing number of food handlers in Lincoln have now undertaken this very useful course of instruction.

The Health Visitors continued the course on health education at three Secondary Modern Girls' Schools and in arranging the syllabus, the present trend of early marriages and the increase in illegitimate births was not forgotten.

An increased effort was made to publicise the now well-known facts regarding the dangers to health inherent in smoking. The total publicity in the press, on the radio and television has surely resulted in the majority of the public being aware of the risks associated with smoking. The average smoker, however, chooses to ignore the facts and whilst the number of smokers is thought to have diminished slightly, the total number of cigarettes smoked shows little change — this must mean that the persons who continue to smoke are doing so more heavily. It appears to be almost impossible to influence more than a very small minority of smokers in such a way as to result in their

abandoning this most pernicious habit which should be more correctly described as an addiction.

No special campaign publicising the dangers associated with Venereal Disease was thought to be necessary as the number of notifications of the disease in Lincoln in recent years has shown no increase.

The Stork Clubs continued to be well attended and it is pleasing to record the formation of two new Mothers' Clubs, one in the North and one in the South of the City. Both appeared to be running successfully at the end of the year.

The Medical Officer of Health, the Deputy Medical Officer of Health, the Principal School Dental Officer and the Superintendent Nursing Officer gave talks on a variety of subjects concerned with health education at evening meetings of various Associations.

The monthly publication "Better Health" continued to be available for free distribution at the "Stork Club". for mothers attending the Infant Welfare Clinics and to other members of the general public at the Health Department and the Central Library.

HOME HELP SERVICE

Organiser: MISS H. BALDWIN

The administrative staff of the Home Help Service consists of the Home Help Organiser, Assistant Home Help Organiser, one full-time clerk and one part-time clerk.

During the year, the number of applications for the services of a Home Help fluctuated, the heaviest demand being between January and March and in October and December. The total number of applications received during the year was 487, but of these, applications in respect of 162 cases were later cancelled. Fifteen requests for help in maternity cases did not materialise and seventeen maternity cases have been booked but are not due for confinement until 1964. Many of the requests for help were made by Social Workers and other well meaning persons without the patient being consulted or being made aware of the fact that a request for Home Help was being made. Much of the Organiser's time was wasted on visiting these cases as on investigation, it was found that the person had arranged for help to be given by relatives or friends and the services of a Home Help were not required.

The number of elderly people who require the services of a Home Help shows a steady increase each year but the general sickness and maternity cases fluctuate year by year. The following table gives a summary of the cases being assisted at the beginning and the end of the year:

	1st January 1963	31st December 1963
Aged and infirm	379	425*
General illness (including a number of chronic sick under 65)	25	24
Maternity	3	3
Tuberculous	4	6
	—	—
	411	458
	—	—

* includes 26 blind persons

The following table shows the growth of the service during the past three years and also that the total number of hours worked by the home helps has increased substantially:

	1961	1962	1963
Cases assisted:			
Aged and infirm	503	548	560
General illness and chronic sick under 65 years	71	78	64
Mentally disordered	no record	no record	7
Maternity	74	76	56
Tuberculous	8	7	10
	<hr/> 656 <hr/>	<hr/> 709 <hr/>	<hr/> 697 <hr/>
Hours worked:			
By Home Helps	84,579	90,439	105,204
By Night Attendants	1,863	1,661	1,591
	<hr/> 86,442 <hr/>	<hr/> 92,100 <hr/>	<hr/> 106,795 <hr/>

Home Helps employed at the end of the year:

Full-time	12	12	15
Part-time	68*	76*	93*
Whole-time Equivalent	44	47	61

**The part-time helps included 5 night attendants in 1961, 4 in 1962 and 3 in 1963*

The number of hours worked during 1963 is approximately 14,000 more than in the previous year.

Aged and Infirm Persons

More had daily help than in the past years, mainly to light fires, clean the grates and give them breakfast. A large number of them were over 80 years of age. A few have been persuaded to have a modern gas or electric fire but unfortunately the majority of them do prefer a coal fire as they say it gives more comfort when sitting alone. Once they have changed however, they do realise the advantages of instant warmth on a cold morning and are quite happy with their new labour-saving appliance.

The number of those who should have fairly regular help has increased to 327 and the majority were sick persons. The remainder managed at times without help, because an urgent case necessitated the temporary withdrawal of assistance. Seven persons who had help were over 90 years of age, one having had assistance for 7 years. Ninety-two were over 80 years of age and 6 have had help for more than 10 years. One hundred and thirty eight are between 70 and 80 years of age. The majority of the remainder have had help for between 2 and 9 years. The oldest Lincoln resident, aged 103 years, died during the year, he had been supplied with regular help for 9 years. Eight persons under 65 years of age have had help for 4 to 6 years.

Tuberculous Cases

The Home Helps attending these cases have been employed by the Department for some time but difficulties are encountered when new cases arise. One tuberculous person has had the same help for three years, another for 2 years and the remainder are new or short term cases. In the one instance, a good

neighbour was enrolled to take care of a tuberculous patient and his invalid wife. As soon as the emergency was over and the couple were able to make private arrangements for help, the Home Help withdrew her services. This was a most satisfactory arrangement for all concerned.

Visiting

The importance of home visiting cannot be over-emphasised and it is desirable to visit each case before help is sent, to follow-up the case to ensure adequate help is being received and also that help is not continuing when it is no longer necessary. The latter is a duty that the Assistant Organiser undertakes on two or three half days a week, when it is essential for the Organiser to be available in the office. 970 interviews took place in the homes of applicants during 1963. 450 re-visits to households are included in the total visits. A further 147 were paid to Home Helps both at their place of work and at home when changes of programme were necessary. Approximately two-thirds of the recipients of help were granted a free service, and it is essential that they should have fairly regular supervisory visits as the majority are long-term cases and without frequent visiting there could be abuse of the service. It is as necessary to visit to decide if the help should be discontinued as it is to visit to decide if help is necessary.

Administration

This work continues to increase as many women are interviewed with a view to employment but relatively few are considered to be suitable. Home Helps are frequently re-directed to cover maternity and emergency cases and this coupled with resignations, sickness and holiday absences takes more administration. Wages have to be paid on 2 afternoons a week owing to the large number of helps now being employed.

The Home Help Service has an important part to play in the care of sick persons in their own homes and it is becoming much more widely known. It is hoped that eventually adequate help may be given to all whose wish it is to stay in their own homes as long as possible. The average age of persons receiving help increased; this trend will continue in the future and the total demands for the service will increase. It is appreciated that emergency and maternity cases must be given priority and this means that help has to be temporarily withdrawn from certain long-term cases who are usually the elderly, but not the bedfast and chronic sick. Many requests for help are received from the General Practitioners, the National Assistance Board Officers and our own Welfare Department. The Hospital Almoners also request help in a number of cases who are mainly geriatric patients being discharged from hospital.

Approximately £1,517 was paid to the Department for Home Help Services during 1963.

Problem Families

Assistance was given to problem families during the year and in particular to two motherless families with a large number of children. Although this involves two Home Helps being employed almost full-time, probably for many years, at least the families are being kept together and the only alternative course of action would be for the Children Committee to assume responsibility for the children which is a less satisfactory arrangement and would be considerably more costly to the Council. The selection of suitable Home Helps to undertake work with problem families however, is not always easy.

Night Attendant Service

Night Attendants were on duty each week of the year. This service was supplied in the majority of cases as a relief service for relatives or friends of the sick person, or nightly help to persons having no relatives, awaiting admission to hospital within a few days or to persons who were too ill to be moved to hospital.

Twenty eight cases were assisted during the year, one was suffering from cancer.

Applications for Night Attendants are usually received late in the day and this necessitates the Organiser receiving telephone calls and visiting in the evening. Visits are made as late as 9-0 p.m. to ensure the Night Attendant is still required, in order to prevent staff arriving to find the house locked up and no one able to tell them what has happened.

Training

No tests for proficiency of Home Helps organised by the National Institute of Houseworkers Training Officer took place, due mainly to the fact that one of the two premises used by the Institute was no longer available and no other suitable place has been found. Also, in most instances Home Helps are recruited one at a time and seldom are several appointed simultaneously. It is, therefore, difficult to arrange training programmes but this is always kept in mind and it is hoped that this will soon be possible, if only on a limited scale.

21 of the 36 Helps who had been tested by the Institute of Houseworkers were still in our employment at the end of the year. One resigned in 1961 for domestic reasons and re-commenced in 1963.

MENTAL HEALTH SERVICES

The Mental Health Act, 1959

This, the third year of operation under the Mental Health Act, 1959, continued with limited success although the admission rate showed an increase from the previous year. The liaison between Local Authority Mental Health Services and Psychiatric Hospitals, becomes more co-ordinated and complete understanding and good team work is steadily increasing.

The services for all types of Mentally-Ill persons are provided in the form of Pre-care, Care and After-care. The demands put upon Mental Welfare Officers continue to increase and not only come from Hospital requests following "In-Patient" treatment, but also from Relatives, General Practitioners, Employers and all other sources of Social and Welfare agencies. This perhaps is the result of more understanding by everyone concerned (including the patients themselves) that such services exist for their benefit.

Administration

The administration of all matters relating to the Mental Health of the Community is delegated by the Health Committee to the Mental Health Services Sub-Committee. The Sub-Committee consists of seven elected members of the Council and four co-opted members, who include the Headmaster of St. Catherine's E.S.N. School and a Consultant Psychiatrist from St. John's Hospital.

Meetings are normally held one week prior to the Health Committee.

Staff Changes

Miss B. M. Waters, (Mental Welfare Officer) resigned on the 20th

December, 1963, to take up an appointment with the North Riding County Council.

Mental Illness

During the year ending the 31st December, 1963, 187 patients were admitted to Psychiatric Hospitals. Of this number, 70 were admitted under compulsory-order and 1 by Court-Order, pursuant to Section 60 of the Mental Health Act. The remainder were admitted on an informal-basis.

The following table shows the number of admissions to hospital during 1963 and the corresponding figures for the previous year.

Compulsory and Informal Admissions

				<i>Males</i>		<i>Females</i>	
				1963	1962	1963	1962
By Mental Welfare Officers:							
Section 29 (Emergency)	..	..		7	7	11	6
Section 25 (Observation)	..	..		15	11	25	18
Section 26 (For treatment)	..	..		8	9	4	2
Informal	..	..	..	22	16	29	21
Direct through patient's General Practitioner and Consultant Psychiatrist..				23	17	42	53
By Court Order (Section 60)				1	1	—	1
Total ..				76	61	111	101

There was an increase in the total number of admissions during 1963, 187 compared with 162 in the previous year. Of this number, 51 patients were informal admissions (compared with 37 in the previous year) and 70 were admitted on compulsory orders, compared with 53 admitted during 1962.

Only one patient was admitted by Court Order (Section 60), whereas two were dealt with by this means in the previous year. 65 patients were admitted informally after the general practitioners had consulted a psychiatrist. These patients were seen at home by a psychiatrist and elected to enter hospital on his advice and that of the family doctor.

A considerable number of re-admissions occur in spite of "community care" and "follow-up" appointments at out-patient clinics. In many cases, it is found necessary to employ compulsory methods both from the point of view of the patient, the relatives and that of the hospital. However, compulsory admission is becoming less frequent now that the enlightened attitude towards mental illness is becoming more acceptable, as will be seen by the increase in informal admissions.

A number of cases were referred to the Mental Health Services, but when investigated were either treated (by arrangement with the psychiatrists) as "out-patients" or "day patients" or were placed under friendly supervision for home visiting by the Mental Welfare Officers.

Altogether 317 cases were referred to the Mental Welfare Service during the year ending 31st December, 1963.

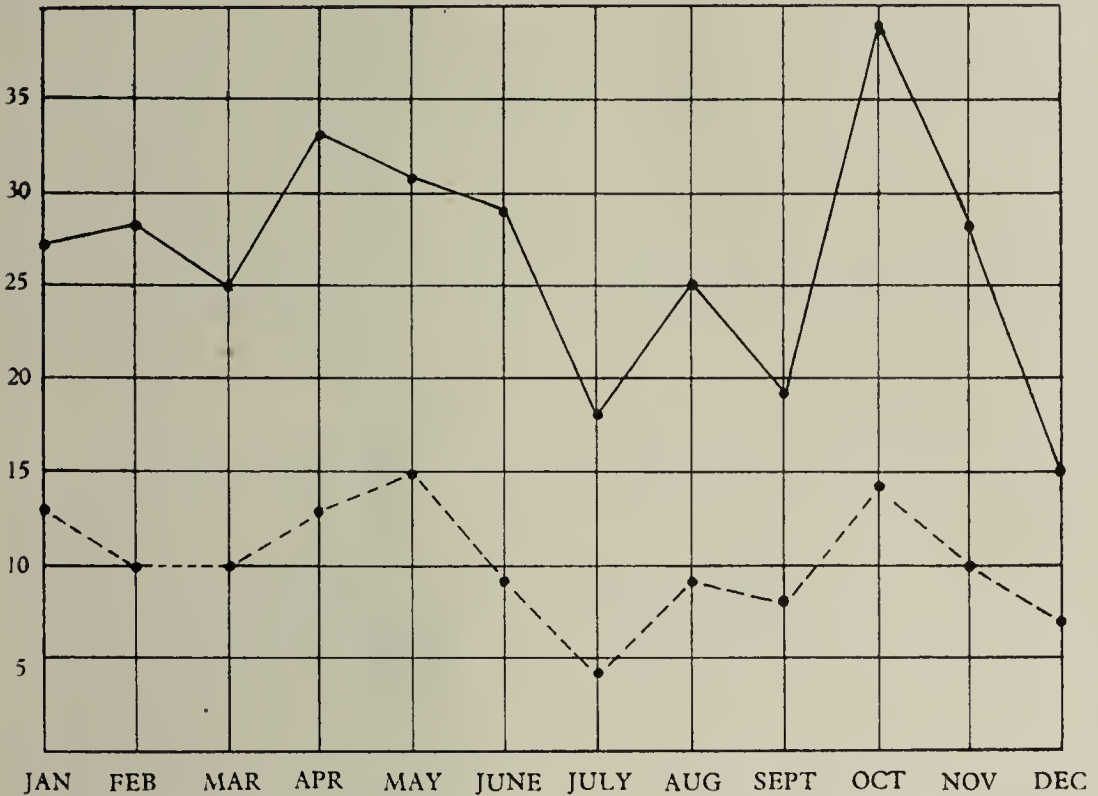
In the following graphs, (A) shows the number of cases investigated and admissions per month, and

Graph (B) indicates the sexes and age groups of the patients admitted to Psychiatric Hospitals, *other* than direct admissions as shown in the previous figures.

MENTAL ILLNESS

CASES INVESTIGATED AND ADMISSIONS PER MONTH 1963

Graph (A)



No. of Cases Investigated (Mental Illness) ——— 317

No. of Patients admitted to Hospital. (Excluding Patients detained after admission for observation). - - - - 122

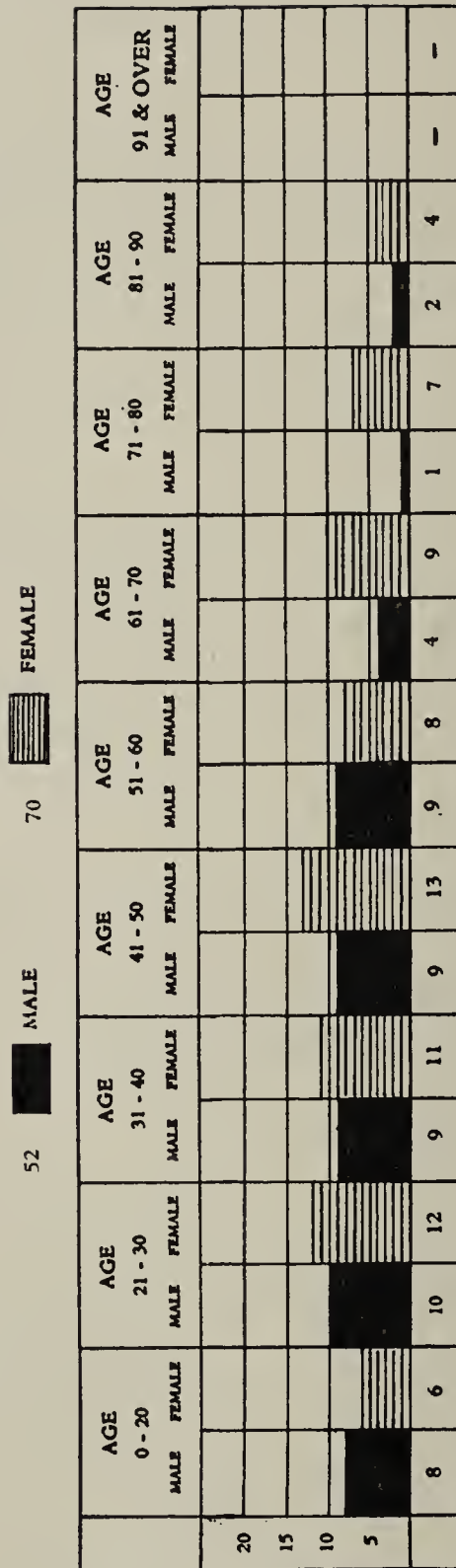
Psychiatric Out-Patient Clinics

A Mental Welfare Officer attends the Psychiatric Out-Patient Clinic which is held at "Lindum Lodge," Sewell Road, Lincoln. The Mental Welfare Officers work in close liaison with the Consultant Psychiatrist and all new patients attending for the first time and who reside in the City, are previously interviewed at their home by the Mental Welfare Officer, prior to their appointment. In this way, with the co-operation of the patient and relatives, social histories and valuable information can be obtained which is helpful to the Psychiatrist in diagnosis and treatment. This also serves to introduce the Mental Welfare Officer to the patient and his relatives and helps to establish an understanding relationship between them.

Case Conferences and Discussions

Case conferences were held regularly at St. John's Hospital until the end of September, 1963. A new method was then introduced whereby the Consultants divided into two teams and weekly meetings are now held on Tuesday and Friday. The type of case discussed was mostly that of the "long stay" patient to ascertain what could be done to enable those who were considered fit enough to be discharged into the community. Before such discharges are possible, considerable work is involved in the way of interviewing relatives at times convenient to them, obtaining their views on the patient's discharge,

Graph (B)



assessment of home conditions, prospects of employment, etc. These reports are then fully discussed at the conference and where possible, the relatives are requested to be present during the discussion.

Social histories were also obtained on all new patients admitted to Psychiatric Hospitals by the Mental Welfare Officers and contact was established during their stay in hospital and following their discharge.

Community Care

Regular visits were made throughout the year to patients in the community. These patients were all suffering from some form of mental illness and included patients who had been in hospital at some time or other. In this way, prevention of recurrence of further mental breakdown was achieved in many cases and advice and assistance could be given to help these patients to re-adjust themselves in the community following periods of hospitalisation.

Altogether 2,924 visits were made by the Mental Welfare Officers to patients in the community and 575 interviews took place in the office. Visits to patients during their stay in hospital are not included in these figures.

397 persons were being visited under the provisions of Section 28 of the National Health Service Act, at the end of the year, 176 suffering from mental-illness and 221 suffering from subnormality or severe subnormality. Details are set out below showing the number of cases referred to the Mental Welfare Officers during 1963.

<i>Referred by</i>	<i>Mentally Ill</i>		<i>Mentally Subnormal</i>		<i>Total</i>
	<i>Under</i>	<i>Over</i>	<i>Under</i>	<i>Over</i>	
General Practitioners and Psychiatrists	16	16	16	16	23
Hospital — on discharge from 'in-patient' treatment	—	21	—	2	23
Hospital after 'out-patient' or 'day hospital' treatment	—	30	—	7	37
Local Authority (Education)	—	15	—	2	17
Police and Courts	—	—	5	5	10
Other sources	—	7	—	—	7
	—	27	9	9	45
	—	—	—	—	—
Total	—	100	14	25	139
	—	—	—	—	—

Co-operation with other sources such as Ministry of Labour, National Assistance Board, Welfare Services, Health Visitors and the Home Help Organiser continued to be satisfactory and help and assistance are always readily available upon request.

Hostel accommodation is still in great demand and it is hoped that provision will be made for male mentally disordered persons in the near future.

A number of adult female subnormal persons were found residential employment and their employers are prepared to help in looking after their welfare and personal problems, at the same time keeping the Mental Welfare Officers acquainted with the patient's behaviour and progress.

Psychiatric Social Club

The club still functions satisfactorily and has a membership of about 45 to 50 with an average attendance on meeting nights of 25 to 30.

Members' parents and friends often attend and join in the Club's activities and outings. A Mental Welfare Officer is in attendance at each meeting, (which is held on Tuesday evening of each week from 7 to 9-30 p.m.).

On Thursday, 4th July, 39 members, friends and relatives were taken for an evening outing, boating along the Brayford to Saxilby where a hot meal was provided. In spite of continuous rain a good night was had by all.

On the 17th December, the Club's Christmas Party was held and again there was a good attendance, 65 being present, which included in addition to members, parents, friends and guests.

We are greatly indebted to Mrs. J. Scott, County Borough Organiser, W.V.S. for the help received on this occasion and for most of the year, when in spite of bad weather conditions, there was always a member of the W.V.S. in attendance at the Club's Meetings to prepare the evening's refreshments.

Training Centre

The Training Centre at "Beaumont House" continued to accommodate both children and adults, as the new Adult Training Centre will not be completed until August, 1964. At the end of 1963, there were 50 adults attending the Centre, which resulted in severe overcrowding as the building was intended to accommodate not more than 35 adults. However, in spite of the difficult conditions, a certain amount of progress was made in widening the scope of the activities for the adults in preparation for the move to the new Adult Centre. This progress was mainly achieved by the employment for the first time of a Male Instructor for the adults as from February, 1963 and due to the efforts by Mr. Zielonka who took up his duties as Supervisor of the Adults in July, having successfully completed a year's course of training for Supervisors and Instructors held in Birmingham.

For the first time, instruction in elementary woodwork was given, two woodworking benches and the essential tools having been purchased. Later in the year, the trainees were introduced to the assembling of various plastic articles aided by colourful jigs. The assembly of the plastic products resulted in a noticeable improvement in the trainees' skill in using their hands, they became more confident in their abilities and quite a number seemed to be displeased if the work was too easy. Behaviour improved and the work for both males and females appeared to be the most suitable which could be carried out in the inadequate accommodation available.

An Open Day was held in July and many parents took the opportunity of seeing the trainees at work. A sale of articles made at the Centre realised £8. 5s. 4d.

On 27th June, the trainees had their annual outing to Mablethorpe and on 22nd July, the younger children were taken into the country for a day by kind invitation of Dr. Chance. On 19th December, a Christmas Party was held, the juniors leaving at 6-0 p.m. and the adults at 8-0 p.m.

Details of admissions and discharges during 1963 are shown in the following table:

<i>Juniors</i>	<i>Lincoln</i>	<i>Kesteven</i>	<i>Lindsey</i>	<i>Total</i>
Number on register on 1st January, 1963	19	5	—	24
Admissions during the year	8	—	—	8
Discharges during the year	—	—	—	—
Transferred to Adult Section	2	—	—	2
Number on register on 31st December, 1963	25	5	—	30
<i>Adults</i>				
Number on register on 1st January, 1963	42	2	—	44
Admissions during the year	6	1	1	8
Transferred from Junior Section ..	2	—	—	2
Discharges during the year	2	1	—	3
Died	1	—	—	1
Number on register on 31st December, 1963	47	2	1	50

Transport

Transport is provided by the Corporation Transport Department. Two buses are used to convey the trainees, arriving at the Centre at 9-30 a.m. and leaving again at 4-0 p.m.

The adult trainees are encouraged to make their own way to and from the Centre, but only a small number are capable of so doing. Those adults who are able to go home unaccompanied remain at the Centre until 5-0 p.m.

Transport arrangements for the trainees from the Kesteven and Lindsey areas are made by the County Authorities.

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Notification to the Local Health Authority of certain of the infectious diseases is an important statutory duty required of all doctors practising within the Authority's area.

It is the first step in the control of the various infectious diseases and makes possible the compilation of local and national statistics.

The following table shows the incidence of the Notifiable Infectious Diseases during the last 5 years in Lincoln:

<i>Disease</i>	1959	1960	1961	1962	1963
Diphtheria	—	—	—	—	—
Scarlet Fever	60	75	18	12	16
Erysipelas	5	4	4	—	6
Puerperal Pyrexia	2	—	1	4	2
Ophthalmia Neonatorum ..	—	3	—	—	—
Chickenpox	166	688	159	446	780
Measles	1117	51	1361	70	1218
Whooping Cough	15	57	48	2	6
Typhoid Fever	—	—	—	—	—
Para-Typhoid Fever ..	—	—	1	—	—
Dysentery	64	4	80	143	22
Food Poisoning	24	8	9	6	11
Pneumonia	16	11	15	3	6
Meningococcal Infection ..	1	—	1	1	—
Acute Poliomyelitis:					
Paralytic	3	1	—	—	—
Non-Paralytic	—	10	—	—	—
Acute Encephalitis	1	—	1	—	—
Malaria	1	—	—	—	—
Smallpox	—	—	—	—	—
Anthrax	—	—	1	—	—

Diphtheria

No case of Diphtheria occurred in the City during 1963, the last notification being in 1950. The high degree of protection afforded by immunisation and the large number of persons immunised are undoubtedly the main factors in the virtual disappearance of this disease. This satisfactory state can be maintained, however, only by the continuation of protective immunisation and every effort is made at the Infant Welfare Clinics to persuade all mothers to have their children protected. In 1963, 928 infants under one year were given a full course of immunisation, compared with 881 in 1962.

Scarlet Fever

Sixteen cases of Scarlet Fever, all except two cases being in the 5-10 years age group, were notified during the year. Scarlet Fever has not occurred in epidemic form for many years and the disease has now entirely changed in epidemic character and severity.

Erysipelas

Two males and four females were notified during the year as suffering from Erysipelas.

Puerperal Pyrexia

Two cases of Puerperal Pyrexia were notified during the year. One case occurred in hospital and the other case at home.

Chickenpox

780 cases of Chickenpox were notified during 1963, compared with 446 during the previous year. Most of the cases occurred in the first six months of the year.

Measles

1,218 cases of Measles were notified during 1963, compared with 70 in the previous year. Most of the cases occurred in the first six months of the year and this was the expected biennial epidemic. Measles should not be regarded as a trivial illness and although serious complications are uncommon, it is a disease of considerable nuisance value and is followed in the case of many children by a period of debility.

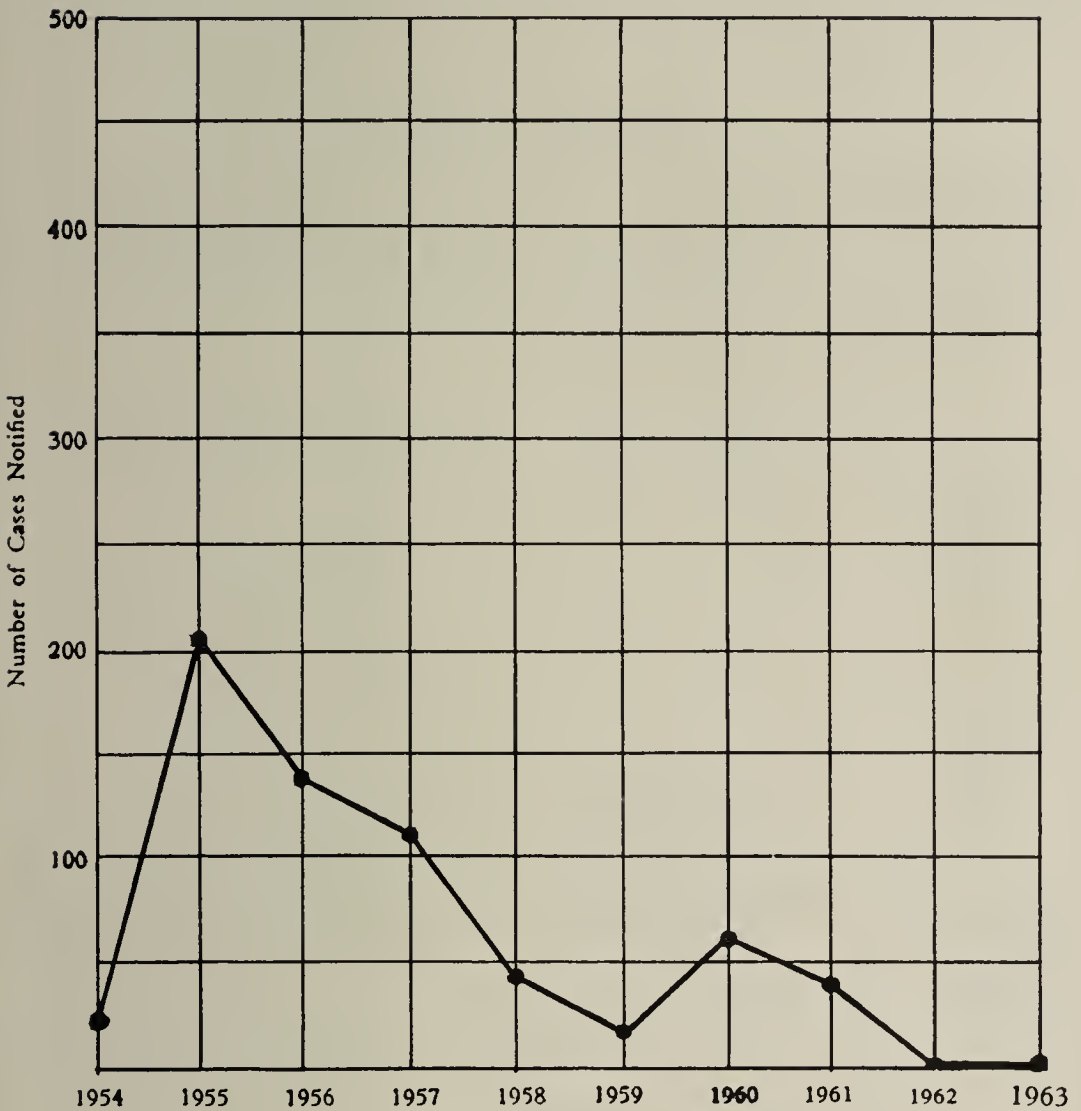
Whooping Cough

Six cases of Whooping Cough were notified during the year. All the cases occurred in children aged 2 to 7 years and three children were members of the same family.

All notified cases were visited by a nurse and the immunisation state of each child was checked. Of the six notified cases, five had been immunised and in these cases the disease was mild. One child had not been immunised and suffered from the florid form of the disease.

For several months of the year, no case of Whooping Cough was notified but in the latter months, a few sporadic cases occurred and these continued into 1964. The total number of notifications of the disease is, however, very greatly reduced and it is quite clear that children who are immunised develop only a mild form of the disease when infected.

INCIDENCE OF WHOOPING COUGH IN LINCOLN DURING THE PAST 10 YEARS



Dysentery

Only 22 cases of Dysentery were notified during 1963, compared with 143 during the previous year and 80 in 1961. There were no outbreaks associated with any particular school or institution and the majority of the cases occurred during the first quarter of the year.

Food Poisoning

Eleven cases of Food Poisoning were notified during the year of which 7 cases were confirmed by the Public Health Laboratory, the infecting organisms being *Salmonella Typhimurium* and *Salmonella Panama*.

Seven other cases of Food Poisoning were ascertained as a result of Public Health Laboratory reports on persons with gastro-intestinal symptoms, the infecting organism in each case being *Salmonella Typhimurium*.

Pneumonia

Six cases of Pneumonia were notified during the year — all being adults over 35 years of age.

Poliomyelitis

No case of Poliomyelitis was notified during the year and this is the third year in succession during which no case has occurred.

TUBERCULOSIS

Notifications

The number of notifications received during the year was 23 (20 pulmonary and 3 non-pulmonary) as compared with 47 (39 pulmonary and 8 non-pulmonary) in the previous year. The age and sex distribution of the notified cases are shown in the following table:

			0—4 years	5—14 years	15—24 years	25—44 years	45—64 years	65 years and over	TOTAL
RESPIRATORY									
Males	...	...	—	1	—	5	4	1	11
Females	...	...	1	1	3	4	—	—	9
			1	2	3	9	4	1	20
MENINGES AND C.N.S.									
Males	...	...	—	—	—	—	—	—	—
Females	...	...	—	1	—	—	—	—	1
			—	1	—	—	—	—	1
OTHER FORMS									
Males	...	...	—	—	—	1	—	—	1
Females	...	...	—	—	—	—	—	1	1
			—	—	—	1	—	1	2

The number of notifications during the year (23) was the lowest ever recorded in the City and with the exception of the increase in notifications experienced in 1962 (due to reasons explained in the Annual Report for that year), there has been a uniform decrease in the number of notifications in the past ten years.

Deaths from Tuberculosis

Four deaths occurred during 1963 due to Tuberculosis. An infant, aged 13 months, died from Tubercular Meningitis, a male, aged 63 years, died from Renal Tuberculosis, a male, aged 70 years, died from Tuberculous Broncho-Pneumonia and a female, aged 70 years, died from Pulmonary Tuberculosis.

Summary of Notifications and Deaths over last 10 years

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Notifications ...	66	47	44	63	53	52	39	38	47	23
Deaths ...	22	12	8	11	5	8	3	3	6	4

Acute Rheumatism Regulations, 1953 to 1958

The Acute Rheumatism Regulations, 1953, provided for the notification of Acute Rheumatism in persons under the age of 16 years residing in specified parts of England, including the County Borough of Lincoln.

The Acute Rheumatism (Amendment) Regulations, 1958, extend the operation of the 1953 Regulations for an indefinite period.

One case was notified in Lincoln during 1963 in a boy aged 9 years. The diagnosis was Rheumatic heart disease (active) and polyarthritis.

Notifications during the past ten years were as follows:

1954	..	..	..	4
1955	..	..	..	3
1956	..	..	..	1
1957	..	..	..	8
1958	..	..	..	2
1959	..	..	..	1
1960	..	..	..	—
1961	..	..	..	1
1962	..	..	..	1
1963	..	..	..	1

VENEREAL DISEASES

The Venereal Diseases clinic is held at the County Hospital, Lincoln.

During 1963, 96 Lincoln patients attended for the first time. Of these 19 proved to be suffering from Venereal Disease and 77 from Non-Venereal conditions.

The number of new cases of Venereal Disease amongst patients domiciled in the City who came under treatment for the first time during the last five years was:

				<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Total</i>
1959	..	..	..	4	24	28
1960	..	..	..	5	13	18
1961	..	..	..	4	13	17
1962	..	..	..	5	23	28
1963	..	..	..	1	18	19

It is gratifying to report that the number of new cases of Venereal Disease in Lincoln has not increased, as has been the case in many parts of the Country in recent years. Indeed, the number of cases in 1963, was nine less than in the previous year and when considering the incidence of Venereal Disease, I feel that it is important to give separate figures for the sexes and for the year 1963, these were as follows:

			<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	..	..	1	—	1
Gonorrhoea	..	..	14	4	18

No contact tracing was undertaken by the Health Department staff and it is not anticipated that any will be carried out as long as the new cases remain at the low level quoted above.

WATER

I am indebted to Mr. D. Whiteley, Engineer & Manager, Lincoln & District Water Board for the following brief report on the City's water supply:

"The quality of the water supplied in the Board's area continues to maintain its satisfactory nature.

Routine bacteriological examinations are made weekly of the raw water and also that which passes through the mains. Regular chemical examinations are made on a rota system and copies of reports are forwarded to the Medical Officer.

The water supplied is not plumbo-solvent and is chlorinated as a prophylactic measure.

The domestic consumption in Lincoln itself continues to increase. 25,606 houses were supplied from public water mains covering a population of 77,440 within the City.

There are now very few houses remaining in the City which are supplied from outside taps."

REGISTRATION OF NURSING HOMES

Homes first registered during the year	..	—
Homes whose registrations were withdrawn		—
Homes on the register at end of year..	..	3
Number of beds provided	.. .. .
Maternity .. .. .	.. .. .	7
Others .. .. .	.. .. .	33

One of the Homes included in the table above is a Maternity Home for Unmarried Mothers and is registered for 7 maternity beds, with total accommodation providing for upwards of 20 girls at any one time.

There is one Nursing Home exempt from registration. This Home was taken over by the Regional Hospital Board from July, 1948, and has since been recognised as a Hospital for Consultant beds. 39 beds are provided (Maternity 14; Others 25).

The conduct of Nursing Homes Regulations, 1963, came into operation in August, 1963 and under these Regulations, three Homes in Lincoln are registerable, viz:

Eastholme Nursing Home, 75 South Park.

Plevnor Nursing Home, 8 The Avenue.

Quarry Maternity Home for Unmarried Mothers, Wragby Road.

SECTION 47 OF THE NATIONAL ASSISTANCE ACT, 1948

During 1963, no formal action was taken under the provisions of Section 47 of the National Assistance Act.

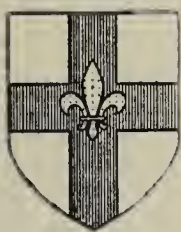
However, action was contemplated in certain cases and it was only due to visits by the Medical Officers of Health, the staff of the Health Visiting, District Nursing and Home Help Services and of the Welfare Department that formal action was obviated.

HOUSING

The total number of houses erected in the City was:

	1963	1962
	<hr/>	<hr/>
(a) By the Local Authority . .	56	119
(b) By private enterprise . .	109	181
	<hr/>	<hr/>
Total . .	165	300
	<hr/>	<hr/>

CITY AND COUNTY
BOROUGH OF LINCOLN



ANNUAL REPORT

FOR THE YEAR

1963

BY

J. JONES, M.R.S.H., M.A.P.H.I.
Chief Public Health Inspector

The Right Worshipful the Mayor,
Aldermen and Councillors of the
City and County Borough of Lincoln.

City Health Department,
Beaumont Fee,
Lincoln.

August, 1964.

Mr. Mayor, Aldermen and Councillors,

I have the honour to present the report on the work of the Public Health Inspectors during the year 1963.

Although there were three staff changes, this is the first time for many years that your Chief Public Health Inspector has been able to report on a year's work during which for the most part, the public health inspectors were up to establishment. As you will see by the following pages, this has had its effect on the quantity, and also I trust, on the quality of the work done.

Towards the end of 1962, a comprehensive survey of the housing conditions in Lincoln was undertaken to assess the number of unfit and potentially unfit houses which should be dealt with in the next 15 years. A programme was drawn up, listing 2,280 houses which it was expected would have to be dealt with, and this programme was presented to, and accepted by the City Council in 1963. As a first instalment, 206 houses were represented for clearance this year, 181 of them being in the Great Northern Terrace Area.

It was at last possible to do something constructive in the field of food hygiene, and in addition to routine visits by the Public Health Inspectors, a systematic inspection of all food premises in the City was undertaken to bring them up to the standard of the 1960 regulations. Because of the staff shortages of recent years, routine work of this kind has had to be completely neglected. Consequently, this is now a major undertaking, and although a great deal of work has been done, the task was still unfinished at the end of the year.

It was also possible to carry out other work which has been impossible in recent years, such as routine visits under the Shops and Factories Acts, and visits to canal boats.

In the body of the report, in the section dealing with smoke control areas, I make reference to the change of policy regarding smokeless fuels which was made at Government level towards the end of the year. Since the passing of the Clean Air Act in 1956, local authorities have received constant assurances that there would be adequate supplies of reactive smokeless fuel i.e., fuel which will burn in suitably modified open grates, and nationally the whole of the smoke control programme has been based on this. Now we have been told that future smoke control areas must be based on hard coke, i.e. coke which can only be burned in stoves, and not on the open fire. This is due to technological changes in the gas industry (which has hitherto been the major source of reactive smokeless fuel) and which apparently were not foreseen by the Ministries concerned. This development has caused great concern and dismay to all who are involved in the cause of clean air. There is no doubt that smoke control will, in future, be far more expensive, and will be probably more difficult to put over to members of the public. On the other hand, it

should be born in mind that the modern stove is a far more efficient heating unit than the open fire and it has been my experience that once people have installed this type of appliance, and experienced the greater warmth and comfort they obtain, they are quite enthusiastic about it, and would not go back to open fires under any consideration. In spite of this setback to clean air, it is my hope, that implementation of this important public health measure will not be abandoned because of the difficulties which have arisen.

I would pay tribute to the enthusiastic and hard work done by the members of the public health inspectors' section, and to the co-operation I have received from the staffs of the Health Department and other Corporation Departments. I would also like to thank the Medical Officer of Health and the members of the Health and Housing Committees for their support throughout the year.

I am, your obedient servant,

J. JONES,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

The Public Health Inspectors section of the Health Department is responsible for the administration of certain parts of the various Public Health and Housing Acts and the following other Acts and Regulations made thereunder:

Agricultural Produce (Grading and Marking) Act, 1928.
 Agriculture (Safety, Health and Welfare Provisions) Act, 1956
 Caravan Sites and Control of Development Act, 1960
 Clean Air Act, 1956
 Factories Act, 1961
 Fertilisers and Feeding Stuffs Act, 1926
 Food and Drugs Act, 1955
 Merchandise Marks Acts, 1887 to 1953
 Pet Animals Act, 1951
 Prevention of Damage by Pests Act, 1949
 Rag Flock and Other Filling Materials Act, 1951
 Rent Act, 1957
 Shops Act, 1950
 Slaughterhouses Act, 1958
 Slaughter of Animals Act, 1958

General Inspections

							<i>No. of visits</i>
DWELLINGHOUSES AND PUBLIC HEALTH MATTERS							
Re defects, nuisances, etc.	..	..	..	..	..	..	1820
Disinfections carried out	..	..	..	..	..	..	22
Housing Act, 1957 — inspections	..	..	..	..	..	..	1200
Verminous	..	..	..	..	..	..	27
Treatments carried out	..	..	..	..	..	..	14
Water Supply	..	..	..	..	..	..	88
References to Water Board	..	..	..	..	..	..	14
Improvement Grants	..	..	..	..	..	..	111
Dangerous structures, references to City Engineer	..	..	..	..	..	..	24
Rent Act	..	..	..	..	..	..	16
Infectious diseases — enquiries	..	..	..	..	..	..	87
— re specimens	..	..	..	..	..	..	275
Dustbins	..	..	..	..	..	..	352
Houses in multiple occupation	..	..	..	..	..	..	15
Overcrowding —	..	..	..	..	..	..	1
instances detected	..	..	..	..	..	..	1
DRAINAGE							
No. of visits	..	..	..	..	..	..	1127
No. of drains tested	..	..	..	..	..	..	224
References to City Engineer	..	..	..	..	..	..	171
OTHER PREMISES							
Betting shops	..	..	..	..	..	..	12
Factories — Mechanical	..	..	..	..	..	..	148
Non-Mechanical	..	..	..	..	..	..	3
Building and Engineering works	..	..	..	..	..	..	27
Outworkers	..	..	..	..	..	..	13
Canal boats	..	..	..	..	..	..	30

No. of dwellinghouses in which defects were remedied after service of formal notices	
(a) by owners	10
(b) by local authority	—
Public Health Act — No. of dwellinghouses in respect of which notices were served requiring defects to be remedied ..	22
No. of dwellinghouses in which defects were remedied after service of formal notices:	
(a) by owners	9
(b) by local authority	1

Housing Act, 1957

INFORMAL AND STATUTORY NOTICES SERVED

Informal Notices outstanding December, 1962	101
Informal Notices served 1963	248
Informal Notices complied with 1963	250
Informal Notices outstanding December, 1963	99
Statutory Notices outstanding December, 1962	17
Statutory Notices served 1963	27
Statutory Notices complied with 1963	35
Statutory Notices outstanding December, 1963	9
No. of complaints received and recorded at the Health Department	756

Local Land Charges

1,631 enquiries were received from the Town Clerk's Department in connection with requisition for a search under the Land Charges Act, 1925.

Clearance Areas, Demolition and/or Closing Orders

No. of demolition orders made	12
No. of houses demolished in pursuance of demolition orders made	3
No. of buildings closed	14
No. of Council owned houses dealt with by unfitness orders	1
No. of houses included in Clearance Areas demolished ..	71
No. of houses represented in Clearance Areas	194
No. of Clearance Areas represented	4

COMPULSORY PURCHASE ORDERS CONFIRMED BY MINISTER

<i>Date</i>	<i>Compulsory Purchase Order</i>	<i>No. of dwellings</i>
6-2-63	Tealby Street (No. 2)	5
6-2-63	Chelmsford Street (No. 1)	2
26-4-63	Ripon Street (No. 1)	11
13-11-63	Danes Terrace (No. 3)	12

Works carried out by service of Statutory or Informal Action

HOUSES

Repairs to:

Roofs	59
Spouts and fallpipes	37
External walls	13
Chimneys	14

Internal wall and ceiling plaster	..	..	..	..	21
Damp walls	..	..	..	..	19
Doors	..	..	..	..	22
Windows	..	..	..	..	22
Floors	..	..	..	..	11
Fireplaces	..	..	..	..	2
Staircases	..	..	..	..	2
Sinks and wastepipes	..	..	..	..	3
Water pipes	..	..	..	..	7
Yard or passage paving	..	..	..	..	6
Nuisances abated from swine, etc.	..	..	..	..	1

VERMINOUS HOUSES

Disinfested and rooms fumigated	8
---------------------------------	----	----	----	----	---

DRAINAGE

Cesspools emptied	..	..	..	..	1
Private sewers and drains cleansed	..	..	..	..	19
Sewers and drains repaired	..	..	..	..	8
No. of visits in connection with drainage	..	..	..	..	1127
Sewers and drains tested	..	..	..	..	224
Public sewers cleansed or repaired	..	..	..	..	171
Inspection chambers repaired	..	..	..	..	1

WATERCLOSETS

Basins repaired or renewed	..	..	..	..	38
Cisterns repaired or renewed	..	..	..	..	24
Flushpipes repaired or renewed	..	..	..	..	3
Seats repaired or renewed	..	..	..	..	4
Water supply pipes repaired	..	..	..	..	42
Cleansed or limewashed	..	..	..	..	1
Ventilation pipes repaired or renewed	4

PROVISION OR RENEWAL OF SINKS	7
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Fertilisers and Feeding Stuffs Act, 1926

Fifteen samples were taken under the provisions of the above Act. They were divided as follows — two formal samples of Feeding Stuffs and two formal and eleven informal samples of Fertilisers. All the samples were satisfactory, except for one fertiliser which the Analyst reported had nitrogen and insoluble phosphoric acid in excess of the guarantee. As this was not prejudicial to the interests of the customer and additional samples from this consignment were not available, no further action was taken.

Agricultural Produce (Grading & Marking) Act, 1928

During visits to shopkeepers in the city and market traders the opportunity was taken to draw their attention to the requirements of the above Act.

Rag Flock and Other Filling Materials Act, 1951

Five premises are registered under the above Act.

Two samples of filling materials were submitted for examination during the year and were found to be satisfactory.

Pet Animals Act, 1951

The above Act regulates the sale of pet animals and requires all persons keeping a pet animal shop to hold a licence. During the year eight pet animal shops were licensed on payment of an annual fee of 10/- in each case and in accordance with certain conditions attached to the licence.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

No action was found necessary during the year.

Caravan Sites and Control of Development Act, 1960

There is one site in the City which is registered for 30 caravans. Conditions are reasonably satisfactory and did not give rise to any serious complaint during the year.

Canal Boats

The number of canal boats on the register is the same as in my last report. 30 inspections were made and 4 notices were served for various defects.

Shops Act, 1950

355 visits were made in connection with the above Act. As a result of notices served the lighting in one shop and the washing facilities in 22 shops were improved, and in 40 shops the sanitary accommodation was cleansed or redecorated.

Offensive Trades

The following offensive trades were carried on in the City with the consent of the Council:

Rag and Bone Dealers	..	..	..	..	..	..	..	1
Tripe Boiler	..	..	..	..	..	..	..	1

The trades were carried on in conformity with the byelaws.

Swimming Baths

There are now five swimming baths in the city. Only one is a public bath and the others are used in connection with schools. The new pools are situated at Wickham Gardens and Skellingthorpe Road Junior School. They provide a welcome addition to the swimming facilities in the City and are well patronised.

All the water supplied to the baths is from the City mains supply.

The Public swimming baths at Boultham is a large open-air pool where water purification is carried out by a continuous process involving pressure filters, aeration fountain, and the use of chlorine gas. A much-appreciated amenity at this bath has been the installation of a toddlers paddling pool. The water supply to this pool goes through the same process as that of the large swimming bath.

South Park High School is provided with a heated indoor pool. Here again the water is purified by a continuous process using pressure filters and chlorination by chlorine gas plant.

Lincoln School bath is an open-air pool with provision for heating the water by means of an oil-fired boiler. Water purification is similar to that at South Park except that chlorination is carried out by the chemical solution method.

At Wickham Gardens an open-air pool with the water heated by electricity has been provided. The water is purified by means of filters and chlorination is by the chemical solution method.

The pool provided at Skellingthorpe Road Junior School is of the open-air type and has provision for heating the water by gas. In this case water is also purified by filters and chemical solution is used for chlorination. Some trouble has been experienced with the circulation of the bath water due to the inlet and outlet pipes being in close proximity to each other. It is proposed to fit a deflector plate on the inlet pipe to see if this difficulty can be overcome without having to relay the inlet pipe.

All the swimming baths have been visited regularly when in use and tests applied to ascertain the amount of free chlorine in the water.

Routine examination of the water was carried out for bacteriological examination. 191 samples were taken and all but two were satisfactory.

Provision of Dustbins to Private Premises

Since 1953 the Council have operated Section 75(3) of the Public Health Act, 1936 whereby they undertake to provide and maintain dustbins for the reception of house refuse at an annual charge not exceeding 7/6 in respect of each dustbin provided and recovered as part of the general rate in respect of the premises for which the dustbin has been provided.

During the year 105 dustbins were provided and 41 were renewed.

In all 2,470 premises have now been provided with dustbins by the Council.

In certain cases bins provided by the Council are collected and returned to stock principally where properties change hands and the new owners wish to provide their own bins.

Rent Act, 1957

The Housing Committee considered 8 applications for certificates of disrepair, certificates were either issued or undertakings from the owners accepted.

4 applications for the cancellation of certificates were considered, all were granted.

Clean Air Act, 1956

Measurement of Atmospheric Pollution — National Survey

Measurement of smoke and sulphur dioxide continue to be made by the five volumetric instruments and the results sent each month to the Department of Scientific and Industrial Research. In September, Site No. 10 at Lincoln School, Wragby Road, had to be discontinued, and was re-erected at Myle Cross School, approximately a quarter of a mile North East of the former site. This station (Lincoln No. 14) is now our site for measuring atmospheric pollution in the up-hill part of the City, and has been sited in an environment as similar as possible to that formerly occupied, so that valid comparisons with previous readings can continue to be made.

I set out below the average values of smoke and sulphur dioxide concentrations. We have now been taking readings on all five stations for two and a half years, this is probably too short a time for these to have any statistical significance, but it is interesting to see that there is a pronounced downward trend in the amount of smoke recorded, and a less pronounced downward trend in the amount of sulphur dioxide. This encouraging trend may be due in some measure to our efforts in the field of industrial and domestic smoke.

It is interesting also to note that whilst there has been a general decrease in the amount of sulphur dioxide recorded, Station No. 12, Bishop King School shows a definite increase, and one may speculate as to whether this has any connection with the increasing use of diesel fuel on the railways.

Smoke Control Area

The Lincoln No. 1 Smoke Control Area continues to function reasonably smoothly. Very few contraventions have been noted, and where these have occurred the offenders have almost invariably turned out to be newcomers to the district who were not aware that they were in a smoke control area. In no instance has there been a second violation of the order by any individual.

After the order had been in operation for six months, a survey was carried out to find out what types of heating were in use, and also to see how people living in the area were reacting to smoke control. Out of 567 householders visited, 508 expressed themselves as satisfied with smoke control and only 59 as not satisfied. Amongst those not satisfied, 22 expressed a preference for coal, and 24 complained about the cost of smokeless fuel.

As this survey was carried out during the latter part of an exceptionally cold winter, and as this was Lincoln's first venture in smoke control, I consider the results to be extremely encouraging, particularly as a large proportion of those who expressed themselves as satisfied were quite enthusiastic about smoke control, and were pleased with the improved cleanliness of their premises and furnishings.

Early in the year, the Health Committee authorised a survey to be made of the Swanpool and Hartsholme districts, with a view to the possible extension of smoke control. The change of policy with regard to smokeless fuel, announced in the Government White Paper issued in the autumn has caused some doubt in Lincoln, and in the country generally, as to what the prospects for future expansion of smoke control are going to be, and at the end of the year the matter was still under consideration.

Industrial Smoke

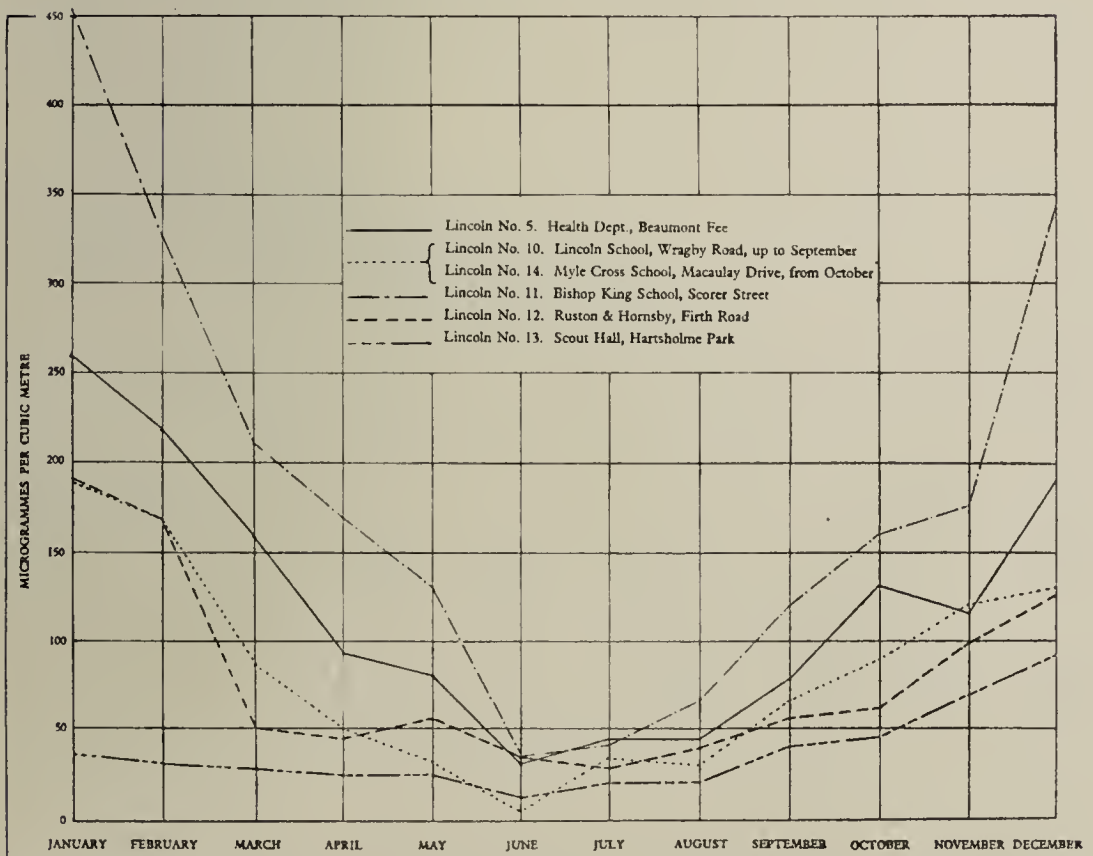
Routine visits have been paid to industrial premises and boiler plants throughout the year. In spite of the large and extensive engineering works we have in the City, industrial emission is not now a major problem due mainly to the progressive modernisation of fuel burning plant and the co-operation that we have generally received from industrialists in complying with the provisions of the Clean Air Act.

All new furnaces, apart from small domestic boilers are referred to this department for investigation and to the Health Committee for approval or notification. During the year there were ten notifications, five applications for prior approval, and six notifications of chimney heights.

MONTHLY AVERAGE VALUES

*Microgrammes per cubic metre***Smoke Concentration, 1963**

Station No.	5	10	11	12	13	14
January	269	189	454	191	36	
February	217	168	325	168	32	
March	158	85	210	50	27	
April	93	50	169	44	26	
May	82	33	131	56	26	
June	31	6	36	35	13	
July	45	35	42	29	22	
August	44	31	65	39	21	
September	79	65	120	55	40	
October	130		161	72	45	91
November	115		176	98	68	120
December	188		342	126	91	129

MONTHLY AVERAGE VALUES OF SMOKE CONCENTRATION
LINCOLN, 1963



FACTORIES ACT, 1961 *Part I of the Act*

INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH:

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspec- tions</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	3	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	254	148	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	34	27	—	—
TOTAL	298	178	8	—

CASES IN WHICH DEFECTS WERE FOUND:

Particulars	Found	Number of cases in which defects were found			Number of cases in which prosecutions were instituted
		Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of Cleanliness (S.1) ...	3	5	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
Insufficient ...	2	1	—	1	—
Unsuitable or defective ...	3	6	—	—	—
Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	8	3	—	—	—
TOTAL ...	16	15	—	1	—

Part VIII of the Act—(Sections 110 and 111)

OUTWORK:

<i>Nature of Work</i>	<i>No. of out- workers in August list required by Section 110 (1) (c)</i>	<i>No. of cases of default in send- ing lists to the Council</i>	<i>No. of prose- cutions for failure to supply lists</i>	<i>No. of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>
Wearing Apparel Making, etc.	12	—	—	—	—	—
Curtains & Furniture Hangings	3	—	—	—	—	—

Prevention of Damage by Pests Act, 1949.

					TYPE OF PROPERTY				
					Non-Agricultural				
					(1)	(2)	(3)	(4)	(5)
					Local Auth- ority	Dwelling Houses (inc. Council Houses)	All other (including business premises)	Total of Cols. (1), (2) and (3)	Agri- cultur- al.
Number of properties in Local Authority's District	...	...	...	...	157	25,193	4,412	29,762	49
Total number of properties inspected as a result of notification	...	...	...	...	26	350	98	474	Nil
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	1	Nil	1	2	
	{ Minor	...	...	...	16	233	66	315	
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	1	22	17	40	Nil
Total number of properties inspected in the course of survey under the Act	...	...	...	...	14	285	17	316	Nil
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	1	14	Nil	15	Nil
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
Total number of properties otherwise inspected (e.g. primarily for some other purpose)	...	...	...	...	45	2,200	2,720	4,965	Nil
Number of such properties found to be infested by:—									
Common Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	7	12	19	Nil
Ship Rat	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	Nil	Nil	Nil	Nil
House Mouse	{ Major	...	...	...	Nil	Nil	Nil	Nil	Nil
	{ Minor	...	...	...	Nil	2	Nil	2	Nil
Total inspections carried out including re-inspections	...	...	...	...	180	3,846	3,232	7,258	Nil
Number of infested properties treated by the Local Authority	...	...	...	...	19	257	77	353	Nil
Total treatments carried out including re-treatments	...	...	...	...	29	271	96	396	Nil
Number of notices served under section 4 of the Act									
(a) Treatment	...	...	...	...	Nil	Nil	Nil	Nil	Nil
(b) Structural Work	...	...	...	...	Nil	Nil	Nil	Nil	Nil
Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act	...	...	...	...	Nil	Nil	Nil	Nil	Nil
Legal Proceedings	...	...	...	...	Nil	Nil	Nil	Nil	Nil
Number of 'Block Control' schemes carried out	...	...	...	...	Nil	Nil	Nil	Nil	Nil

FOOD AND DRUGS ACT, 1955

Inspections of Food Premises

Bakehouses	..	..	..	..	55
Bakers & Confectioners	..	..	..	..	40
Butchers	..	..	..	..	108
Cafes	..	..	..	..	78
Chemists	..	..	..	..	3
Dairies	..	..	..	..	261
Fish-Shops/Stalls	..	..	..	..	62
Fried Fish Shops	..	..	..	..	56
Food Factories	..	..	..	..	29
Grocers and General Provisions	..	..	..	..	353
Greengrocers	..	..	..	..	45
Ice Cream Shops	..	..	..	..	162
Hotel Kitchens	..	..	..	..	23
Licensed Premises	..	..	..	..	23
Markets	..	..	..	..	202
Meat Vans	..	..	..	..	144
Milk Shops	..	..	..	..	81
Mobile Shops	..	..	..	..	43
School Canteens	..	..	..	..	35
Snack Bars	..	..	..	..	46
Factory Canteens	..	..	..	..	16
Slaughterhouses — Public	..	..	..	..	781
Private	..	..	..	..	796
Sweet Shops	..	..	..	..	31
Wholesale warehouses	..	..	..	..	167
Food Inspections other than meat	..	..	..	..	3991

Food Poisoning

Food poisoning and suspected food poisoning investigations	..	..	..	..	14
Clinical specimens submitted for bacteriological examination	..	..	..	..	52

Food Hygiene Regulations, 1960

It has been ascertained that the number of food premises in the City by type of business is as follows:

Bakers and Confectioners	..	..	..	24
Confectioners	..	..	..	92
Butchers	..	..	..	67
Fishmongers	..	..	..	10
Fried Fish Shops	..	..	..	40
Chemists	..	..	..	26
Restaurants	..	..	..	36
Public Houses	..	..	..	82
Wine and Spirit Merchants	..	..	..	40
Hotels	..	..	..	21
Greengrocers and Fruiterers	..	..	..	31
General Grocers	..	..	..	234

Systematic and routine inspection of food premises continued in 1963 and the following improvements were made to food premises as a result:

Food rooms cleaned and redecorated.. ..	101
Equipment cleaned	9
Protection of food from risk of contamination	22
Wash basins provided	16
Sinks provided	6
Hot water provided	35
Locker accommodation for outdoor clothing provided	19
First aid materials provided	7
Accumulations of refuse in food rooms cleared	11
Lighting provided to food rooms	2
Sanitary accommodation, cleansed and re-decorated	42
Lighting provided to watercloset compartments	5

Two courses for food handlers were held at the local Technical College. These courses, whilst intending to give general instruction in clean and safe food handling, were also designed to enable students to take the examination of the Royal Institute of Public Health and Hygiene in food handling and food hygiene. A total of fifty-one persons attended the courses and of these twenty-one took the examination and eighteen were successful.

A short course, extending over eight weeks was also held for the employees of one of the larger food businesses in the City, and several other lectures on food hygiene were given during the year to the staffs of various firms concerned in the handling of food.

Food Samples

348 samples of food and drugs were procured and submitted to the Public Analyst who certified 304 samples genuine and 44 samples adulterated or otherwise giving rise to irregularity. The number of samples submitted per 1,000 population was 4.49.

The details of the samples procured and number adulterated or otherwise giving rise to irregularity and the administrative action taken are given below:

<i>Nature of Sample</i>	<i>Formal</i>	<i>Informal</i>	<i>Genuine</i>	<i>Adulterated</i>	<i>Total</i>
Milk	36	210	210	36	246
All butter sponge pudding	—	1	1	—	1
Aniseed sticks	—	1	1	—	1
Apricot jam	—	2	1	1	2
Beef Dripping	—	1	1	—	1
Beef Sausage	—	2	—	2	2
Beef steak in gravy	—	1	1	—	1
Bitter beer	1	—	1	—	1
Black currant lollies	—	1	1	—	1
Bronchial mixture	—	1	1	—	1
Bubble gum	—	4	4	—	4
Butter	—	2	2	—	2
Cheese with beer	—	1	1	—	1
Chicken fritters	—	1	1	—	1
Chicken noodle soup	—	1	1	—	1

Chicken spread -	1	1	-	1
Cocktail cherries -	1	1	-	1
Corned beef -	1	1	-	1
Crab spread -	1	1	-	1
Cream buns -	1	1	-	1
Creamed sago -	1	1	-	1
Creamed rice pudding .. -	1	1	-	1
Double cream -	1	1	-	1
Dressed crab -	1	1	-	1
Evaporated milk -	1	1	-	1
Farmhouse cheese -	1	1	-	1
Fish cakes -	5	5	-	5
Fruit balls -	1	1	-	1
Fruit chews -	1	1	-	1
Fruity sandwich -	1	1	-	1
Gin 1	-	1	-	1
Ground almonds -	3	3	-	3
Ground nutmeg -	1	1	-	1
Ground rice -	3	3	-	3
Ground white pepper .. -	1	1	-	1
Herrings in tomatoe sauce .. -	1	1	-	1
Ice cream -	1	1	-	1
Instant coffee.. .. -	1	1	-	1
Lard -	1	1	-	1
Lemon crush -	1	1	-	1
Lemon drink -	1	1	-	1
Lemonade powder -	1	1	-	1
Lobster paste.. .. -	1	1	-	1
Lollipops -	1	1	-	1
Malt vinegar -	1	1	-	1
Margarine -	1	1	-	1
Margarine with 10% butter -	1	1	-	1
Marzipan -	1	1	-	1
Mincemeat -	1	1	-	1
Minced steak with spaghetti -	1	1	-	1
Mixed fruit -	2	2	-	2
Mixed peel -	2	2	-	2
Mixed pickling spice .. -	1	1	-	1
Mixed sweet herbs .. -	1	1	-	1
Orange crush -	1	1	-	1
Orange drink -	1	1	-	1
Oxtail soup -	1	1	-	1
Ox tongue -	1	1	-	1
Pork sausages 6	3	8	1	9
Pure cream -	1	1	-	1
Pure lard -	1	1	-	1
Rum 1	-	1	-	1
Sherbet fountain -	1	1	-	1
Sherbet sucker -	1	1	-	1
Sherry 1	-	1	-	1
Steak and Kidney pie .. 1	6	3	4	7
Steak and Kidney pie (tinned) -	1	1	-	1
Stoned Raisins -	1	1	-	1
Sugar sticks -	1	1	-	1

Tinned salmon	..	..	-	1	1	-	1
Tinned tomatoes	..	..	-	1	1	-	1
Whisky	..	..	2	-	2	-	2
				49	299	304	44
							348

Samples Adulterated or otherwise giving rise to irregularity

(a) Administrative Action Taken

Of the 44 samples adulterated or otherwise giving rise to irregularity 31 were taken formally and 13 informally.

(b) Legal Proceedings

No legal proceedings were taken.

(c) Informal Action

1. Pork sausage. Manufacturer sold pork sausage containing not more than 53.7% of meat and was deficient in meat to the extent of 17.3%. After consideration of the facts the Prosecutions Sub-Committee decided that a warning letter be sent to the manufacturer. A further sample proved genuine.
2. Milk. Milk producer sold milk containing 6.0% added water — due to accidental sticking of a valve on the milking equipment. A letter of warning was sent by the Town Clerk to the producer. Subsequent samples were found to be satisfactory.
3. Steak and Kidney Pie. Shopkeeper sold Steak and Kidney Pie containing not more than 17.7% of meat and was deficient in meat content to the extent of 11.5%. A representative of the manufacturer was interviewed and an assurance was given that every effort would be made to maintain a meat content in excess of 20%. The Prosecutions Sub-Committee decided that the facts warranted a letter of warning.
4. Channel Islands Milk. Producer sold Channel Islands Milk which was slightly deficient in milk-fat. Follow-up samples were also slightly deficient in milk-fat. The matter was referred to the Ministry of Agriculture, Fisheries and Food Advisory Service. A subsequent sample proved genuine.
5. Apricot Jam. Shopkeeper sold Apricot Jam deficient in soluble solids to the extent of 5.3%. The sample was found to be from one case in consignment. A sample from the remainder proved satisfactory. The attention of the wholesaler and importer was drawn to the unsatisfactory sample.
6. Beef Sausage. Shopkeeper sold Beef Sausage containing not more than 48.9% of meat and was slightly deficient in meat content. A further sample of the same brand taken from another shop was also slightly deficient in meat. Representations were made to the manufacturer.
7. Milk. Producer sold milk containing 9% added water. Three further samples contained added water in varying amounts. Investigation showed that there were defects in the in-churn cooler. This was immediately replaced and samples then proved genuine. Warning letter sent to producer.

8. Milk. Producer sold milk deficient in milk-solids other than milk-fat to the extent of 9.5% — found to be due to natural causes. Referred to the Ministry of Agriculture, Fisheries and Food who later stated that production had ceased at this particular dairy farm.
9. Milk. Producer sold milk deficient in milk-fat to the extent of 52%. Two further samples were also deficient in milk-fat as was the "Appeal to Cow" sample. Letter sent to producer stressing that every effort must be made to remedy the deficiency. Producer ceased to supply milk to the dairy until the matter was rectified.

Offences other than those indicated by Sampling

Legal Proceedings

1. Sold a mouldy steak pie. Fined £10.
2. Sold a mouldy steak and kidney pie. Fined £10.

Informal Action

1. Sold a loaf of white bread containing a brown stain. Investigation showed that it was brown dough. The bakers were requested to exercise greater care when changing the type of bread.
2. Sold sausage rolls smelling of paint. Examination and tasting of the rolls in question and the remainder of the consignment in the shop did not substantiate the allegation. In addition there was no evidence of any recent painting in the shop.
3. Mallow cornet containing a short piece of thin wire embedded in the cornet. The wire had been exposed when a portion of the cornet was removed by biting. It appeared that the wire may have originated from a wire cleaning brush in the factory of the cone manufacturers. Warning to cone manufacturer.
4. Carton of milk from vending machine found to be sour. This appeared to be due to either a breakdown in the refrigerating unit or the placing of old milk in the machine. Stern warning given.
5. Sold a bread roll containing a dark stain. On examination it appeared that the stain was vegetable greasing oil, probably from the baking trays. The need to exercise more care was stressed to the bakery staff concerned.
6. Tin of tomatoes containing a caterpillar. The matter was taken up with the importers and also the suppliers in Italy. No further action, other than a letter of warning.
7. A sausage roll having a small piece of wire embedded in the meat. This wire was similar to the wire clips used in the meat industry. Written warning sent to the meat manufacturer.
8. Small insect in a loaf of bread. Did not appear to be a bakery pest. Loaf made in a modern plant maintaining a high standard of hygiene and it is rather a mystery how the incident happened. Letter of warning to the firm concerned.
9. Sold a mouldy wrapped sliced loaf. In view of the fact that the loaf was found to be mouldy two days after purchase in warm weather and the vendor's premises were satisfactory, no further action was taken.

10. A mouldy sausage roll. Delay occurred in receiving this complaint and only warnings were given to the manufacturer and vendor.
11. Maggots in bacon. After full consideration of all the facts it was decided that no further action should be taken.
12. Crab smelling offensively. Here again delay occurred. Examination of the fish merchant's stock did not reveal anything untoward and the incident closed with replacement of the article.
13. Milk bottle with a small yellow smear on the inside. Obviously a misused bottle which had got into circulation again. Warning to dairy concerned.
14. Ice cream alleged to contain brush bristle. Not available for examination. A representative of the ice cream manufacturer was interviewed and undertook to carry out a full investigation. Requested to take the utmost care to prevent such incidents.
15. Sold mouldy cheese rolls from vending machine. A thorough investigation was carried out and a letter of warning was sent to the firm.
16. Sour sausages. On investigation it was found that sausages from the same consignment were fit. It was thought that the condition may have been caused by the sausages being exposed for sale and then returned to a refrigerator. Warning given.
17. Milk bottle containing a pupa case on the inside. Examination showed the case to be that of *Drosophila Busckii* which is a pest sometimes found in milk bottles and not removed by bottle washing plants. No further action, other than drawing the attention of the dairyman to the matter was taken.
18. Sold a stale neapolitan layer cake. The bottom layer was found to have a rancid taste. Appeared to be due to error in stock rotation. Warning to shopkeeper.
19. Prepacked rolled stuffed lamb. Found to be out of condition when opened. Warning to manufacturer and staff that more care must be exercised in the rotation of stock.
20. Milk bottle with small amount of cement in the bottom. A case of the misuse of a milk bottle which had escaped the manual screening in the dairy. Warning given to dairy.
21. Sold a loaf of mouldy bread. Mould was found on the loaf five days after purchase. In view of the lapse of time and unsatisfactory storage conditions no further action was taken.
22. Discoloured Brislings. Further tins from the stock were opened. The condition was found to be a natural and harmless one.
23. Two loaves of bread with small dark stains on some of the slices. The Public Analyst was of the opinion that the stains consisted of small pieces of dough which had been discoloured, probably by contact with a lubricated surface of the bakery machinery. Warning letter sent.
24. Bristle in loaf. Appeared to be part of a bristle from a brush used for cleaning equipment. A warning given.

During the year corned beef and some dried egg mixture were examined bacteriologically as a matter of routine or as a result of complaints. No food poisoning organisms were found.

Milk Supply

Lincoln is a Specified Area in which only specially designated milk may be sold by retail.

Milk and Dairies (General) Regulations, 1959.

No. of milk distributors on the Register	145
No. of dairies on the Register	6

The Milk (Special Designation) (Raw Milk) Regulations, 1949/1954

No. of dealers licences to use the designation "Tuberculin Tested"	20
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The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949/1954.

No. of dealers (Pasteuriser's) licences	2
No. of dealers licences to use the designation "Pasteurised" ..	53
No. of dealers licences to use the designation "Sterilised" ..	115

538 samples of designated milk were submitted for examination and of these 17 samples failed to pass the test prescribed by the appropriate Regulations.

All the samples were examined by the Public Health Laboratory, Lincoln. The following tables give the information in more detail:

HEAT TREATED MILK:

Designation	No. of samples	Passed		Failed		Passed Failed		Unsatisfactory Samples	
		Meth. Blue Test	Phosphatase	Meth. Blue Test	Phosphatase	Turbidity		No.	%
Pasteurised	120	120	119	—	1	—	—	1	.83
Pasteurised (School)	63	62	63	1	—	—	—	1	1.59
Tuberculin Tested (Pasteurised)	98	96	96	2	2	—	—	4	4.08
Tuberculin Tested (Pasteurised Channel Islands)	81	81	81	—	—	—	—	—	—
Sterilised	65	—	—	—	—	65	—	—	—
	427	359	359	3	3	65	—	6	1.40

No sample failed to pass both Methylene Blue and Phosphatase tests.

RAW MILK:

Designation	No. of samples	Methylene Blue Passed	Methylene Blue Failed	Unsatisfactory No.	Samples %
Tuberculin Tested (Farm Bottled)	82	74	7	7	8.54
Tuberculin Tested *(Farm Cartoned)	28	24	4	4	14.29
Tuberculin Tested (Farm Bottled Channel Islands)	1	1	—	—	—
	111	99	11	11	9.91

*Sold from vending machines.

On one occasions the overnight shade temperature exceeded 70°F. and the test was thus rendered void.

Cream

28 samples of cream were submitted for bacteriological examination. The results show that all were satisfactorily pasteurised and that coliform organisms were absent.

Examination for Tubercle Bacilli and Brucella Abortus

24 samples of Tuberculin Tested (Farm Bottled) milk were submitted for biological examination. 23 samples were negative for Tubercle Bacilli and Brucella Abortus and the examination of the remaining sample had to be abandoned owing to the death of the guinea pig before the examination was completed.

All samples were examined at the Public Health Laboratory, Lincoln.

Bacteriological examination of Milk Equipment

Regular checks were made during the year on the bacteriological condition of the equipment at the pasteurising establishments in the City and in this connection the following numbers of specimens were submitted to the Public Health Laboratory.

	<i>No. of specimens</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Milk bottles ..	594	552	42
Milk churns ..	24	16	8
Milk Plant Swabs	40	38	2
Cream jars ..	12	12	—

Where a satisfactory standard was not reached, repeat samples were obtained.

Ice Cream

No. of premises registered for sale 308

138 samples were examined at the Public Health Laboratory, Lincoln.

<i>Provisional Grade</i>	<i>Time taken to reduce Methylene Blue</i>	<i>No. of samples</i>
1	4½ hours or more	91
2	2½ to 4 hours	15
3	½ to 2 hours	17
4	0 hours	15

The appearance of the soft serve ice cream vehicle has necessitated the taking of many more samples for bacteriological examination and is responsible for the large number of unsatisfactory results which were mainly due to faulty cleansing technique. Rapid changes of personnel and their lack of experience of the detailed cleansing routine aggravated the position.

Orange Juice

24 samples were examined at the Public Health Laboratory, Lincoln and were satisfactory.

Preserved Food

81 premises are registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food. 31 of these have ceased to function for the purpose for which they were registered.

Inspection of Meat

In addition to the City Abattoir there are now two private slaughterhouses in the City. A small slaughterhouse which operated during the first half of the year ceased slaughtering in July.

The number of food animals slaughtered at the four slaughterhouses was 48,925 as compared with 50,236 in 1962, a decrease of 1,311.

The following table shows the incidence of tuberculosis and other diseases in the various classes of animals.

	<i>Cattle excl. Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
Number killed	6,413	251	166	18,498	23,597
Number inspected	6,413	251	166	18,498	23,597
<i>All Diseases except Tuberculosis:</i>					
Whole carcasses condemned	6	7	26	48	60
Carcasses of which some part or organ was condemned	1,464	49	25	278	2,445
Percentage of the number inspected affected with disease other than tu- berculosis	22.9%	22.3%	30.7%	1.8%	10.6%
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	1	—	—	—	579
Percentage of the number inspected affected with tuberculosis	0.2%	—	—	—	2.5%
<i>Cysticercosis</i>					
Carcasses of which some part or organ was condemned	15	—	—	—	—
Carcasses submitted to treat- ment by refrigeration	15	—	—	—	—

Cysticercus Bovis

This is the 15th year in which routine inspection has been carried out for the detection of cysticercus bovis.

Viable cysts were found in 15 animals.

The following table shows the incidence of infection of all bovines inspected to be 0.23%. This is a slight increase on the 1962 figures of 8 animals representing 0.12% of all bovines.

<i>Bovines Slaughtered</i>		<i>No. infected with C. Bovis</i>		<i>No. of Generalised Cases</i>		<i>Percentage infection of all Bovines.</i>
<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	<i>Cows</i>	<i>Others</i>	
251	6,413	—	15	—	—	0.23%

The cysts were located in the animals as follows:

Head 15

The carcasses and remainder of the offal of the 15 animals were placed in cold storage at a temperature of 20°F for three weeks or at a temperature of 14°F for two weeks and then released for human consumption. This is in accordance with the recommendations of Memo. 3 Foods of the Ministry of Agriculture, Fisheries and Food.

It is interesting to note that degenerated cysts were also found in 44 animals located as follows:

Heart	..	..	..	..	..	..	40
Skirt	..	..	..	..	..	..	3
Head	..	..	..	..	..	..	1

Foods Condemned

The amount of foodstuffs condemned as unfit for human consumption was:

			<i>Tons</i>	<i>Cwts.</i>	<i>Sts.</i>	<i>Lbs.</i>
Meat	..	..	11	1	7	8
Offals	..	..	11	7	7	0½
Fruit, Vegetables and other food	..	..	4	2	4	10½
			26	12	3	4½

The amount of foodstuffs condemned in 1962 was 29 tons 13 cwts. 1 st. 1½ lbs.

Slaughter of Animals Act, 1958

Fifty-three applications for licences to slaughter or stun animals in a slaughterhouse were granted.

CITY OF LINCOLN
EDUCATION COMMITTEE

ANNUAL REPORT
ON THE
SCHOOL HEALTH SERVICE
FOR THE
YEAR ENDED 31st DECEMBER, 1963

R. D. HAIGH, M.B., Ch.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

*Medical Officer of Health and Principal School
Medical Officer for the City of Lincoln*

CITY OF LINCOLN EDUCATION COMMITTEE

YEAR ENDED 31ST AUGUST, 1963

Chairman of the Education Committee:

Councillor K. RAWDING

Members of the Education Committee:—

Alderman SIR FRANCIS HILL, C.B.E., LITT.D., LL.M	Councillor K. RAWDING, J.P.
Alderman J. W. RAYMENT, J.P.	Councillor J. H. SPENCE
Alderman E. J. RICHARDSON, J.P.	Councillor J. T. WARD
Alderman C. E. SNOOK, J.P.	Councillor A. S. WOOLHOUSE
Councillor H. B. ADAMS	Councillor S. WILSON
Councillor W. S. EITE*	The Right Rev. Monsignor E. H. ATKINSON
Councillor G. G. ELSEY, J.P.	Miss E. L. BUTCHER, M.A.
Councillor W. E. HERBERT	The Rev. Canon A. M. COOK, M.A.
Councillor Mrs. H. M. KERRY	Mr. D. J. LOGAN
Councillor W. S. MACLEAN, M.C., L.D.S.	The Rev. T. RUSSELL, B.A.*
Councillor S. J. POTTER	Mrs. T. F. TAYLOR
Councillor L. H. PRIESTLEY*	Mrs. M. A. TOOMER
	Mr. E. H. TUTTY*

Chief Education Officer: Mr. A. SUTCLIFFE, M.A., B.SC., J.P.

* Councillor L. H. Priestley ceased to be a member of the Education Committee in May, 1963. The Rev. T. Russell left Lincoln in April, 1963. Councillor W. S. Eite was appointed to the Education Committee in May, 1963 and Mr. E. H. Tutty in April, 1963.

SPECIAL SERVICES COMMITTEE

Chairman:

Alderman E. J. RICHARDSON, J.P.

Alderman E. J. RICHARDSON, J.P.	Councillor J. T. WARD
Councillor H. B. ADAMS	Councillor S. WILSON
Councillor G. G. ELSEY, J.P.	The Right Rev. Monsignor E. H. ATKINSON
Councillor Mrs. H. M. KERRY	Miss E. L. BUTCHER, M.A.
Councillor W. S. MACLEAN, M.C., L.D.S.	Mr. D. J. LOGAN
Councillor S. J. POTTER	Mrs. M. A. TOOMER

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I submit my Annual Report on the health of the school children in the City and the work of the School Health Department during the year 1963.

There was a further increase in the school population during the year — the number on the registers (13,262) was the highest ever recorded in Lincoln. Furthermore, the number of births in the City (1412) remains at the high level of the previous year and I feel that I must once again stress that this number is approximately 15% more than the number five years ago and there is evidence to indicate that this trend will continue and may well be even more marked in the future. It would therefore be prudent for the Education Authority to plan without delay the increased provision which will be needed for school entrants in the next few years.

The pattern of routine medical inspection continued as in previous years and of the total number of children examined (3772), 1024 defects were found which required treatment.

The new arrangements for the annual testing of vision of all school children started in January, 1963. The reason for these arrangements being made was that in 1962 several children were seen whose vision had deteriorated rapidly since the last vision test. If the children had not reported symptoms, they would not have been examined until the next routine medical inspection, which, in some cases, would have been years later. It was rightly felt that in order to reduce the chance of children remaining in school with unsuspected defective vision annual testing was essential. As a result of these arrangements 249 children were referred for treatment and 558 were placed under observation. These figures do not include the children found with defective vision at routine medical inspection and at these examinations, 617 children were discovered to have a defect requiring treatment. The total number of children therefore found to have a visual defect requiring treatment was 866.

No alterations or developments were necessary in the audiometry service as the programme of testing the hearing of school children followed the pattern outlined in previous reports and does not appear to require modification. Each successive year it becomes more obvious that the incidence of deafness in school children is decreasing and although this is a most welcome fact, it is not a reason for relaxing our efforts for the screening of children for the detection of hearing defects. Children who produced abnormal audiograms were referred to the Audiology Clinic at the County Hospital after examination by a School Medical Officer.

An increased effort was made in 1963 to discourage smoking by school children. Films were used and shown at a meeting of Head Teachers and were also shown in schools with the Principal School Medical Officer leading a discussion on this important topic. It is realised, however, that a greater effort is necessary if anything worthwhile is to be achieved.

The Child Guidance Clinic was transferred in May, 1963 to entirely suitable premises provided by the Regional Hospital Board. However these premises are for temporary use only until the Local Education Authority is in a position to provide suitable accommodation. It is hoped that such provision will not be long delayed.

There was no outbreak of infectious disease of any magnitude during the year, although towards the end of 1963 it became apparent that cases of whooping cough were reappearing after being virtually absent for two years. This outbreak eventually produced far more cases early in 1964 than was expected, in view of the trend of whooping cough notifications that had occurred in recent years.

No alteration was made in the vaccination programme and, in view of the reduced incidence of tuberculosis in school children, demonstrated by the decreasing proportion of children who now show a positive reaction to tuberculin, it was not thought necessary to alter the B.C.G. programme. When the B.C.G. programme started in schools in 1956, 22% of children showed a positive reaction whereas in 1963, only 7% were positive reactors. B.C.G. vaccination continued to be offered to children in the 13-14 years age group, although Local Health Authorities are empowered to carry out this vaccination at the age of 10 if local conditions indicate that this is advisable.

The improvement in the incidence of verminous infestation noticed in 1962 regrettably did not continue in 1963. Indeed the incidence increased from 0.9% to 2.6%. This is the highest percentage for two years but does not indicate that the vigilance of the School Nurses and Health Visitors has in any way diminished. The number of children found to be infested (352) represents a relatively small number of families, as several members of one family are commonly found to be infested and certain families show repeated infestations.

I feel it is appropriate to mention that one of the most important duties of the School Health Service is the ascertainment of handicapped pupils. This involves the School Medical Officers in work requiring careful and painstaking examinations and recommendations, the results of which may have far-reaching effects on a child's career. I mention this here because the subject receives only a brief account in the body of the report giving little indication of the amount of work involved. I think that the care with which this work is carried out by the School Medical Officers is worthy of mention here.

In the report of the Principal School Dental Officer it will be seen that the percentage of children found on inspection to require dental treatment was 89.8%. It is deplorable that nine out of ten children were found to require dental treatment, when dental caries is very largely preventable. A Dental Health Education Campaign is most necessary to increase the awareness of the public of measures to be taken to prevent dental caries and such a campaign is planned in Lincoln for 1964. However, the Dental Officers report that there is now evidence of a slight improvement in the attitude of mothers of young children regarding dental hygiene and it is hoped that we are at the beginning of an era in which parents are better informed and consequently greatly improved dental hygiene methods and tooth care are possible.

The Dental Surgeries at Newland underwent a major scheme of modernisation during the year and they now compare favourably with most newly-built dental clinics. The surgery provided for the Dental Auxiliary was used for only four months in 1963 and the Dental Auxiliary Service is the subject of comment in the report of the Principal School Dental Officer. A third Dental Officer was appointed at the end of the year to take up duties early in 1964.

I should like to thank the Chief Education Officer and the staff of the Education Department for their helpfulness and co-operation during the year. The end of 1963 was marked by the retirement of Mr. A. Sutcliffe as Chief Education Officer and I should like to express my appreciation of the willing assistance received from him since my appointment five years ago. The keen interest and support given to me by the members of the Education Special Services Committee and in particular by the Chairman, Alderman E. J. Richardson are much appreciated.

The Consultant Staff at the County and St. George's Hospital have, at all times, been extremely helpful and without their valuable advice many difficult problems would have remained unsolved.

R. D. HAIGH,

Principal School Medical Officer

City Health Department,
Beaumont Fee,
LINCOLN.

May, 1964.

STAFF OF SCHOOL HEALTH DEPARTMENT
1963

Principal School Medical Officer:

R. D. HAIGH, M.B., CH.B., D.P.H., M.M.S.A., D.R.C.O.G., D.C.H.

Deputy Principal School Medical Officer:

N. I. Condon, M.B., B.CH., B.A.O., L.M., D.P.H.

School Medical Officers and Assistant Medical Officers of Health:

E. G. Myra Cummings, M.R.C.S., L.R.C.P., D.P.H.

Phoebe H. Chance, M.R.C.S., L.R.C.P.

Principal Dental Officer:

C. K. Fenton Evans, L.D.S.

Dental Officers:

G. A. Vega, B.D.S.

Mrs. S. M. Evans, L.D.S. (Sessional)

1 vacancy

Dental Auxiliary:

Miss J. McLean (2.9.63 to 20.12.63)

Dental Surgery Assistants:

Mrs. M. V. Milligan, S.E.A.N.

Mrs. J. Abell

Mrs. B. Francis (Sessional)

1 vacancy

Dental Clerk:

Mrs. E. A. Akrill

Consultant Children's Psychiatrist:

C. J. Wardle, M.D., B.S., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist:

G. C. Robb, M.A., ED.B., A.B.P.S.

Social Worker:

Mrs. R. Fanner, DIP. POL. EC. SOC. STUDIES

Secretaries:

Miss J. Dunderdale

Miss A. Marfurt (Part-time) (Resigned 30.11.63)

Nursing Superintendent:

Miss E. M. Day, S.R.N., S.C.M., Q.I.D.N., H.V.(Cert.)

Senior Health Visitor/School Nurse

Miss K. Luke, S.R.N., S.C.M., R.S.C.N., Q.I.D.N., H.V.(Cert.)

Health Visitors/School Nurses:

Miss A. E. Chilvers, S.R.N., S.C.M., H.V.(Cert.) (Resigned 13.10.63)

Miss M. Clarke, S.R.N., R.S.C.N., H.V.(Cert.)

Miss R. M. Crawford, S.R.N., S.C.M., R.S.C.N., H.V.(Cert.)

Mrs. M. L. Dimbleby, S.R.N., S.C.M., H.V.(Cert.)

Miss J. E. Green, S.R.N., S.C.M., Q.I.D.N., H.V.(Cert.)

Mrs. J. L. Jones, S.R.N., S.C.M., H.V.(Cert.) (Part-time)

Miss B. M. Lees, S.R.N., S.C.M., H.V.(Cert.)

Miss J. Scott, S.R.N., H.V.(Cert.) (Commenced 6.8.63)

Miss A. H. Taylor, S.R.N., S.C.M., R.S.C.N., H.V.(Cert.)

Miss J. Williamson, S.R.N., S.C.M., H.V.(Cert)

School Nurses:

Miss D. A. Oliver, S.R.N., S.C.M.

Miss F. M. Shearman, S.R.F.N., S.R.N., S.C.M.

Miss P. M. E. Taylor, S.R.N., S.C.M., Q.I.D.N.

Mrs. K. Pitchford, S.R.N. (Part-time)

Lay Administrative Assistant:

J. C. Martin, A.R.S.H.

Clerk-in-Charge:

R. W. Hill

Clerks:

Mrs. J. Butler

Miss A. Clodd (Resigned 30.4.63)

Miss A. Marfurt (Part-time) (Resigned 12.5.63)

Mrs. J. E. Gough (Commenced 21.5.63) (Part-time)

Miss J. Goodwin (1.6.63 to 31.8.63)

Miss W. Lucchesi (Commenced 4.9.63)

LIST OF SCHOOLS

School	No on Register January, 1964	Head Teacher
Nursery		
St. Cuthbert's	45	Miss H. J. Moore
St. Giles	45	Miss H. Church
Primary		
Boultham Junior	410	Mr. A. E. Briggs
Boultham Infant	121	Mrs. K. M. Pearson
Bracebridge Junior	317	Mr. D. J. Logan
Bracebridge Infant	267	Miss T. H. Bewley
Monks Road Junior	386	Mr. W. J. B. Varlow, M.B.E., J.P.
Monks Road Infant	233	Miss M. Smith
Mount Street Infant and Junior Girls'	454	Miss B. M. Jubb
St. Botolph's Infant	49	Mrs. M. Young
St. Giles Junior	463	Mr. F. Pickering
St. Giles Infant	308	Miss A. M. Hard
Skellingthorpe Road Junior	446	Mr. E. S. Wilson
Skellingthorpe Road Infant	342	Miss S. M. Neale
Westgate Junior Boys'	299	Mr. L. J. Meldrum, M.B.E.
Hartsholme Infant and Junior	303	Miss D. J. Neale, O.B.E.
Ermine Infant	315	Miss J. M. Sowerby
Ermine Junior	538	Mr. J. Harrod, B.A.
Eastgate Infant and Junior Girls'	169	Miss M. B. Cullen
St. Andrew's Infant and Junior Girls' and Boys'	194	Miss M. Oliver
St. Faith's Junior	202	Mr. H. J. Sharman
St. Faith's Infant	165	Mrs. M. E. Bradley
St. Martin's Infant and Junior Girls'	79	Miss J. O. Yeates
St. Peter's Boys'	155	Mr. R. E. Wiles
St. Peter's Girls'	144	Mrs. K. West
St. Peter's Infant	166	Mrs. K. West
St. Hugh's R.C.	329	Mr. D. V. Griffiths
Our Lady of Lincoln R.C.	299	Mr. J. Brown
Secondary Modern		
Rosemary	372	Mr. H. K. Lister, B.Sc.
St. Giles Boys'	267	Mr. A. F. Humble, M.A.
Myle Cross Girls'	290	Miss J. K. Gentry
Sincil Boys'	577	Mr. F. Bell, B.Sc.
Spring Hill	422	Miss J. P. Whiteside
Boultham Moor Girls'	597	Miss L. M. Powell
St. Peter and St. Paul	280	Mr. T. P. Groome, B.A.
Bishop King	304	Mr. L. R. W. Thake
Secondary Grammar		
The City	597	Mr. L. R. Middleton, M.A., B.Sc.
South Park High	576	Miss M. J. Widdowson, B.A.
Lincoln	531	Mr. J. Faull, B.Sc.
Christ's Hospital Girls' High	537	Miss I. V. Cleave, M.A.

Special Schools

St. Catherine's	107	Mr. T. C. Smith, M.A.
Open Air	72	Miss D. E. Willcock, J.P.

Establishments of Further Education

<i>Full-time day students</i>		<i>Principal</i>
Technical College	336	Mr. G. A. Church, B.Sc. A.C.G.I., M.I.MECH.E.
School of Art	154	Mr. K. Gribble, D.F.A.(LOND.), F.R.S.A.

STATISTICS

Population of City	..	..	..	77,440 (mid-year estimate)
*School Population	..	..	..	13,262
Number of Schools	..	..	..	42
Number of F.E. Establishments	..	..	..	2

Maintained Schools in Lincoln

Schools	No. of †Departments	Boys	No of children on roll Girls	Total
Nursery	2	48	42	90
Infant	16	1439	1483	2922
Junior	17	2191	2040	4231
Special (E.S.N.) ..	1	51	56	107
Special (Open Air) ..	1	43	29	72
Secondary Modern ..	8	1572	1537	3109
Secondary Grammar ..	4	1128	1113	2241
Technical College ..	1	178	158	336
School of Art	1	48	106	154
	<hr/> 51 <hr/>	<hr/> 6698 <hr/>	<hr/> 6564 <hr/>	<hr/> 13262 <hr/>

* Includes children attending City Schools who reside outside the City Boundary.

† Where the same school contains more than one section these are counted as separate departments.

ROUTINE MEDICAL INSPECTION OF SCHOOL CHILDREN

The routine medical inspection of School Children continues to be a vital part of the work of the School Health Service. For the year under review, a total of 3772 school children were medically examined as compared with 3294 the previous year. Three routine medical inspections are carried out during the child's school life. In some Authorities the second examination has been substituted by a selective examination. It is not the present intention of this Authority to substitute the second routine medical examination by a selective examination, although the subject will be constantly under review. It has never been categorically stated that selective examination is a time saver, in fact the opposite could be the case. A School Medical Officer is required to peruse the completed questionnaire and after careful examination of the form it is necessary to decide whether a child should or should not be medically examined. This form of selection is dependent on accurate completion of the questionnaire by the parent, which is difficult for the parents of a large family.

Of the total of 3772 children examined, 1024 defects were noted and referred for treatment or further observation. Of the total defects almost 20% were visual, 17% were affecting the nose and throat; approx 11% ear defects and 10% orthopaedic. Constitutionally, today's school child is heavier, taller and much fitter than his predecessors. Because of the high incidence of visual defects it has been decided that all school children should have their vision tested annually. The result of this extra work is discussed under the appropriate heading. It should be stated here that the visual defects recorded below were those found by the School Medical Officer at routine medical examinations and do not include the defects found by the School Nurse during the annual vision testing of all the other school children not medically examined.

RESULTS OF INSPECTIONS

The number of defects requiring treatment at periodic inspections was 1024 compared with 836 in 1962.

			Entrants		Leavers		Others		Total	
			*T	*O	*T	*O	*T	*O	*T	*O
Skin	...	...	14	11	48	13	18	9	80	33
Eyes—Vision	...	...	34	41	285	28	174	65	493	134
Squint	...	...	65	14	13	—	23	2	101	16
Other	...	...	7	—	6	2	10	1	23	3
Ears—Hearing	...	...	11	30	7	11	8	31	26	72
Otitis media	...	...	1	11	2	2	—	1	3	14
Other	...	...	2	—	1	2	1	—	4	2
Nose and Throat	...	...	27	107	2	8	9	25	38	140
Speech	...	...	28	24	1	4	4	5	33	33
Lymphatic glands	...	...	—	56	1	12	—	19	1	87
Heart	...	...	7	15	3	1	4	5	14	21
Lungs	...	...	16	33	4	8	3	14	23	55
Development										
Hernia	...	...	1	3	—	1	3	1	4	5
Other	...	...	2	9	1	1	1	5	4	15
Orthopaedic										
Posture	...	...	—	2	7	6	3	7	10	15
Feet	...	...	16	20	21	2	7	14	44	36
Other	...	...	41	14	25	12	13	10	79	36
Nervous system										
Epilepsy	...	...	7	5	2	2	5	2	14	9
Other	...	...	8	22	3	—	8	10	19	32
Psychological										
Development...	...	...	—	4	1	1	1	7	2	12
Stability	...	...	—	11	—	4	1	10	1	25
Abdomen	...	...	1	3	—	1	—	2	1	6
Other	...	...	1	1	5	2	1	—	7	3
			289	436	438	123	297	245	1,024	804

*T—Defects requiring treatment

*O—Defects requiring to be kept under observation

GENERAL CONDITION OF CHILDREN

Of the total number of children examined, 0.7 per cent were classified as being medically unsatisfactory. This represents 27 children out of a total number of 3772 who were examined.

SPECIAL INSPECTIONS

Defect or Disease					Pupils requiring treatment	Pupils requiring observation
Skin	...	...	...	...	21	2
Eyes—vision	...	...	...	...	256	24
squint	...	...	...	...	8	2
other	...	...	...	...	13	2
Ears—hearing	...	...	...	...	30	2
Otitis media	...	...	...	...	—	—
other	...	...	...	...	1	—
Nose and Throat	...	...	...	...	17	2
Speech	...	...	...	...	9	3
Lymphatic glands	...	...	...	...	—	—
Heart	...	...	...	...	1	—
Lungs	...	...	...	...	34	6
Development—						
Hernia	...	...	...	...	—	—
Other	...	...	...	...	7	1
Orthopaedic—						
Posture	...	...	...	...	3	—
Feet	...	...	...	...	13	2
Other	...	...	...	...	7	2
Nervous system—						
Epilepsy	...	...	...	...	1	1
Other	...	...	...	...	2	—
Psychological—						
Development	...	...	...	...	46	2
Stability	...	...	...	...	23	1
Abdomen	...	...	...	...	1	2
Other	...	...	...	...	9	10
					—	—
Totals	...	...	...	...	502	64
					—	—

NOTES ON SPECIFIC DEFECTS

SKIN DISEASES

Verrucae, or plantar warts, continued to be a source of trouble during the year, for the treatment of this disease is often a lengthy process which takes up a great deal of time at the Minor Ailment Clinics. Foot inspections are a regular feature in the control of this infection and pupils who have verrucae are excluded from the swimming baths and made to wear rubber shoes when taking communal showers after physical education. Eradication of this condition does not seem to be a possibility in the foreseeable future and efforts will need to be continued in the control and treatment of the infection.

VISUAL DEFECTS

The routine annual testing of children's vision started on 1st January, 1963 and a State Registered Nurse was recruited for this work and employed on a part-time basis throughout the year. The following table shows the number of children tested and found defective during 1963.

			<i>Total Tested</i>	<i>Referred for Treatment</i>	<i>For Observation</i>
Infants	..	..	1764	29	183
Juniors	..	..	4030	146	217
Seniors	..	..	2832	74	158
			<hr/>	<hr/>	<hr/>
Totals	..		8626	249	558
			<hr/>	<hr/>	<hr/>

The children for observation are those whose eyesight at the time of the examination was not perfect but the visual defects were not considered to be serious enough to necessitate referral to the Eye Clinic. These children are retested at frequent intervals by the School Nurses and are referred for treatment if the vision deteriorates.

The above figures do not include children tested at routine School Medical Inspections. During 1963 3772 children were seen at routine inspections, and of the 770 who were found to have visual defects 617 required treatment.

The introduction of the scheme for annual vision testing has been well worth while as is obvious from the above figures. 807 children out of the 8626 tested (9.3%) were found to have defects of varying degrees and it must be remembered that in the normal course of events these defects would not have been discovered until the child's next routine school medical inspection which would take place between one and three years ahead. During this period considerable deterioration may occur in a child's vision which could be detrimental to his health and education.

Annual eye tests have made it necessary to encroach upon the school programme still further and I am particularly grateful to the Head Teachers for their co-operation.

The referral of the additional new cases has resulted in extra work being thrust upon the Children's Ophthalmic Clinic at the County Hospital and this is referred to by Mr. A. H. Briggs in his report on the work of the Clinic for the year under review. I am grateful to Mr. Briggs for his report which is given below.

"After a long period of increased ill health Mr. W. Arthur Briggs retired from the Consultant Staff of the Lincoln County Hospital, and to a large extent from practising altogether, at the end of September 1962. He had been the senior Ophthalmic Surgeon to the hospital since the retirement of Mr. Cresswell more than twenty years previously, and his loss was severely felt by his remaining colleagues. At the time no immediate replacement appointment could be expected as the Review Committee set up by the Sheffield Regional Hospital Board was in process of considering the future requirements of medical staff for the hospitals in its jurisdiction, and until the findings of this committee have been finally accepted and adopted the future planning of consultant services remains somewhat uncertain. During the period of interregnum it might have been expected that assistance would be forthcoming

temporarily from neighbouring areas but unfortunately experience soon showed that these had comparable problems of their own and do themselves require support and assistance rather than render it. The resignation of Miss Hainsworth, with other changes of ophthalmic staff, has made it necessary for ophthalmic clinics as far north as Cleethorpes to be undertaken temporarily at any rate, by medical staff from Lincoln; while it was Mr. W. A. Briggs himself who had been developing the ophthalmic department of the Grantham Hospital and the ophthalmic services there which are now ripe for substantial further expansion with the upgrading proposed for this hospital.

“The situation has been rendered more difficult by the coincidental substantial increase (of the order of 60% for 12 months) in the new cases referred from School medical inspections, chiefly from the Lincoln and Lindsey areas. It appears to be the policy to conduct ophthalmic inspections much more frequently than in the past for reference to the clinics for school children provided by the hospital service. These factors have led to a very marked increase in the case load of the clinics at a difficult time.

“During 1962–63 an Ophthalmic Registrar has been appointed, and towards the end of 1963 a senior assistant Ophthalmologist in the Senior Hospital Medical Officer grade, and they will provide a substantial measure of improvement in assistance in dealing with the school children work. The accumulation of arrears which were mounting up rather alarmingly have now been virtually cleared and (provided no substantial increase in work on the same scale occurs for 1964) it should be possible to cover the appointments required with reasonable promptitude. There is no undue delay in admission of squint cases for surgery and at 31st December, 1963, only three cases remain on the list of which one had already been offered a bed which had been refused, and one had been admitted and discharged without operation for some inter-current infection. The customary statistical report is as follows:—”

Children's Eye Clinic

			1963	1962	1961
New cases sent for	..	..	567	264	338
New cases attended	..	..	479	222	298
Old cases sent for	..	..	887	848	1356
Old cases attended	..	..	662	648	1058
New failures	..	..	88	42	40
Old failures	..	..	225	200	298
Glasses prescribed	..	..	785	662	809
Number of clinics held	..	..	162	132	144

Orthoptic Department

			1963	1962	1961
New cases	..	..	112	80	97
Old cases	..	..	1241	1037	926
Awaiting admission for surgery	..		3	—	2

These figures refer not only to school children but also to a number of pre-school children referred to the clinic from the Infant Welfare Centre.

DISEASES OF THE NOSE AND THROAT

Abnormal conditions of nose and throat made up 17.3% of the total number of defects found during routine medical examination. The total number detected was 178 compared with 131 in 1962. It is quite a well known fact that enlarged infected tonsils are a common cause of illness in the young child and this is borne out by the fact that of the 178 defects noted, 134 of them were discovered at the first medical examination. Tonsillectomy was very fashionable up to the last decade, but now a policy of conservation is being followed as it is now accepted that unless the tonsils are very heavily infected and give rise to frequent throat and cervical gland infections it is not necessary to remove them, as they will almost certainly subside and cause no further trouble.

CHILDREN WITH IMPAIRED HEARING AND THE AUDIO-METRY SERVICE

It is asserted that for a child to make normal progress in school that he should have no hearing defect either in sound or tone. It is the policy here for all school children to be sweep tested during their first school year. With the exception of a small number, all school entrants were tested during the year under review. Should the result of the test prove unsatisfactory the child has a pure tone audiometry test. This is a more delicate test and it quickly shows up any defects. School children are again tested during their final year at the Junior School and also during their last year at school.

As speech and hearing are so essentially combined — a totally deaf child who has never heard the spoken word cannot reproduce it — it is recommended that any child who does not appear to be making satisfactory progress at school or whose speech is not distinct, should have his hearing tested by pure tone audiometry to exclude any tone deafness.

All abnormal audiograms are referred to Mr. M. Spencer Harrison, F.R.C.S., at the Audiology Unit at the County Hospital, whose co-operation and help is very much appreciated.

Audiometric Tests, 1963

The following table summarises the work carried out during the year:

Total number tested: 4334.

Number who failed Sweep Tests: 278 = 6.4%

Pure Tone Audiograms

The children who failed sweep tests were referred for a pure tone audiogram with the following results:

Number offered appointments for P.T.A.	..	..	278
Number who failed to attend	..	..	8
Number of children examined by P.T.A.	..	..	270

Result of pure tone audiograms:

Satisfactory	..	..	..	..	..	205
Unsatisfactory	..	..	..	..	..	65

Disposal and treatment of unsatisfactory cases:

Permanent hearing defect	..	..	..	..	1
Wax removed	..	..	..	..	8
Referred to General Practitioner	..	..	..	..	2
For review at Hospital	..	..	..	..	12
For observation	..	..	..	..	42
					—
Total	..				65
					—

SPEECH DEFECTS

Children with speech defects of a degree sufficient to require special treatment are normally referred to the Speech Therapist at the Lincoln County Hospital. Unfortunately the post of Speech Therapist was vacant for approximately 18 months before Miss E. Piercy was appointed in July 1963. The following tables show the number of children seen by the Speech Therapist during the period 1st July to 31st December.

New Referrals

Boys	58	} 82
Girls	24	

Old Cases

Boys	17	} 25
Girls	8	
Total	107	

The 107 children seen during the period presented the following defects:—

Defective articulation	..	..	..	..	79
Stammering	..	..	..	..	16
Defective articulation and stammering	..	..	..	..	4
Delayed speech development	..	..	..	..	4
Sigmatism	..	..	..	..	2
Nasal speech	..	..	..	..	2
					—
					107
					—

Total attendance 937.

In addition to the above figures 14 school children received treatment from the Speech Therapist after being referred through the hospital services.

ORTHOPAEDIC AND POSTURAL DEFECTS

All school children found to be suffering from orthopaedic defects, which, in the opinion of the School Medical Officer, require investigation are referred to the fortnightly clinic, held in the School Clinic, Beaumont Fee, by Mr. D. F. Thomas, F.R.C.S.

The following is a summary of the work carried out:

	1963	1962	1961
Number of sessions held by the Orthopaedic Surgeon ..	21	17	21
Number of cases seen by the Orthopaedic Surgeon ..	560	494	631
Number of new cases seen by the Orthopaedic Surgeon..	163	129	176
Number of cases admitted to the County Hospital ..	—	—	—
Number of cases admitted to Harlow Wood Hospital ..	—	—	—

I am indebted to Mr. Thomas for the following report:

"I do not think I have any very useful comment to make on the work of the orthopaedic clinic this year. Attendances continue to be fair and co-operation in treatment remains very good.

HEART DISEASE AND RHEUMATISM

Lincoln is one of a number of areas in the Country where Acute Rheumatism occurring in children up to the age of 16 years is notifiable to the Local Authority. No cases were notified in 1963 (as against 1 in 1962).

SCHOOL CARDIAC REGISTER

Eleven new cases were added to the School Cardiac Register during 1963, making a total of twenty-one cases discovered on routine medical examination. The diagnoses of these cases are as follows:

(a)	Ventricular septal defect..	..	..	..	9
(b)	Atrial septal defect ..	..	..	..	1
(c)	Mitral incompetence ..	..	..	..	1
(d)	Atria ventricularis communis ..	..	..	..	1
(e)	Pulmonary stenosis ..	..	..	..	2
(f)	Patent ductus arteriosus ..	..	..	..	2
(g)	Rheumatic fever with severe carditis ..	..	..	..	1
(h)	Aortic stenosis ..	..	..	..	3
(i)	Fallots tetralogy ..	..	..	..	1

Of these 21 cases, 19 are placed in ordinary schools, one in the Open Air School and one in the Training Centre.

No child underwent cardiac surgery during the year.

PRE-SCHOOL CARDIAC REGISTER

Where there is a possibility of a child having a congenital heart lesion, the Consultant Paediatrician is normally asked for his advice. Fortunately, liaison between the Consultant and the Health Department is excellent and this permits us to complete a cardiac register for the pre-school child. During the year under review, a number of suspected cases were examined in the Hospital and the following definite cases have been diagnosed.

(a)	Ventricular septal defect..	..	..	..	6
(b)	Coarctation of the aorta ..	..	..	..	1
(c)	Pulmonary stenosis ..	..	..	..	3
(d)	Supra ventricular tachycardia ..	..	..	..	1
(e)	Fallots tetralogy ..	..	..	..	1
(f)	Undiagnosed heart lesions ..	..	..	..	2

The Principal School Dental Officer is notified of the name and diagnosis of every child on both cardiac registers. He is thus informed of those children 'at risk' and he acts accordingly. The compilation of the pre-school cardiac register also helps to ensure that no case is overlooked when examined at the first routine medical examination.

PROVISION OF SCHOOL CLINICS

At the School Clinic, Beaumont Fee:

Medical Clinics	Friday afternoons.
Minor Ailments	Every morning at 9 a.m.
Orthopaedic Clinic	By appointment.

At Maternity and Child Welfare Centre:

Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m. (without appointment).
Ultra-Violet Light Clinic	By appointment.

Other clinics:

St. Giles Infant School	Minor ailment clinic each morning 9 a.m.
Skellingthorpe Road	
Infant School	„ „ „
Sincil Secondary	
Modern Boys'	Wednesday and Friday mornings 9 a.m.

At Ravendale Clinic, Laughton Way.

Medical Clinic	Thursday morning (by appointment).
Dental Clinic	By appointment.
Emergency cases	Daily at 2 p.m.

The attendances at the various clinics are summarised in the following table:

			New		1963	1962	1961
Minor Ailment Clinics			Cases	Revisits	Totals	Totals	Totals
Central Clinic	...	...	151	690	841	941	966
St. Giles	...	...	389	4459	4848	4587	4100
Skellingthorpe Road	...	...	736	3802	4538	5870	5321
Sincil Boys	...	...	350	1319	1669	2306	1469
			1626	10,270	11,896	13,704	11,856
Medical Clinics	...	...	371	195	566	339	316
Orthopaedic Clinics	...	...	163	397	560	623	631
Dental Clinics	...	...	2523	4494	7017	5739	4395

NOCTURNAL ENURESIS

The use of the foil and bell alarm has proved its worth in the treatment of bed wetting at night and there are now nine alarms available for issue. However, the two alarms originally purchased in 1958 are no longer reliable and their use has been discontinued, but it is intended to purchase two replacement alarms early in 1964. Before an alarm is given to the parent by the School Medical Officer the child must first be examined to exclude any physical cause for the complaint. In exceptional cases the alarm has been given to children under the age of eight, but results achieved at this age or thereafter are more satisfactory.

The following table shows the results of treatment and the ages of the children treated during the year:

<i>Age</i>				<i>Cured</i>	<i>Improved</i>	<i>No Improvement</i>	<i>Totals</i>
4	..	..	..	—	—	1	1
8	..	..	..	1	—	1	2
9	..	..	..	—	—	—	—
10	..	..	..	—	2	—	—
11	..	..	..	2	1	2	5
12	..	..	..	2	—	1	3
13	..	..	..	—	1	—	1
14	..	..	..	—	—	—	—
15	..	..	..	1	1	—	2
				6	5	5	16

<i>Severity</i>							
Each night	..	..		6	5	3	14
3/4 times per week	..			—	—	2	2
				6	5	5	16

Three of the children who showed no improvement and one who showed some improvement were referred to the Child Guidance Unit.

CLEANLINESS OF SCHOOL CHILDREN

PEDICULOSIS

The following table shows the incidence of pediculosis in school children in Lincoln during the last five years:

1959	1960	1961	1962	1963
1.2%	2.3%	2.3%	0.9%	2.6%

Inspection for the presence of pediculosis.

Number of visits to schools	..	..	..	..	..	297
Number of inspections of children	..	..	..	..	..	32761
Number of children found to be verminous, however slight						352
Notices issued to parents under Sect. 54 (2) of the Education Act, 1944	..	..	..	..	..	—
Cleansing Orders under Section 54 (3)	..	..	..	..	..	1

The above figures show that the number of children found to be infested (352) was much higher than in the previous year (124). The increase and persistence of this infestation is not due to any lack of vigilance on the part of the school nurses but reflects the attitude of certain families who constitute the source of infestation of children in school.

It is difficult to draw any sensible conclusion from the figures and there appears to be no pattern in the trend. Good personal habits can and should be taught in the home and the persistence of vermin infestation is due to lack of this training in the homes of those families which, year after year allow children to attend school in a verminous condition and put other children at

risk. The statistics for one area of the City demonstrate this in that of the 121 cases of infestation affecting 70 children, only 48 families were involved.

SCABIES

It is pleasing to be able to report that no case of scabies occurred in a school child during the year, as against one case in 1962.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following table shows the number of school children who were notified during the year as suffering from notifiable infectious diseases:

				1963	1962	1961
Chickenpox	..	..	..	475	307	100
Dysentery	..	..	..	11	58	26
Measles	..	..	..	571	30	622
Pneumonia	..	..	..	—	—	2
Poliomyelitis	..	..	..	—	—	—
Scarlet Fever	..	..	..	15	11	11
Whooping Cough	..	..		4	—	18
				<hr/> 1076 <hr/>	<hr/> 406 <hr/>	<hr/> 779 <hr/>

Chickenpox

The epidemic which began at the close of the previous year continued into 1963 and the majority of the cases notified occurred during the first six months of the year.

Dysentery

The number of cases notified was considerably less than in the previous year and there was no outbreak associated with any particular area or school.

Measles

The expected biennial epidemic arrived early in the year and had subsided by the summer. Most of the cases were in the 5–10 year age group.

Poliomyelitis

During 1963 Lincoln was free from poliomyelitis and no case has been notified in the City since 1960.

Scarlet Fever

The number of cases notified shows a slight increase on the previous year, but all the cases were mild in character.

Whooping Cough

Four cases were notified during the year, children between the ages of five and seven years being affected. No child had received a full course of immunisation against the disease, although two of the children had had the first 3 injections, but not the booster dose. The parents of another child stated that he had been immunised but there was no record of this. The fourth child had not been immunised and was the only one to suffer from the florid form of the disease, the other three cases being comparatively mild.

VACCINATION AND IMMUNISATION

Immunisation against Diphtheria, Whooping Cough and Tetanus

As in past years school entrants have been offered primary immunisation against diphtheria and tetanus, with booster doses against these diseases, for children who had primary immunisation in infancy.

I would like to thank Head Teachers for their co-operation in the immunisation of children at schools, for the visits by the medical and nursing staffs to schools undoubtedly cause interruptions in the school programmes.

The table below gives a summary of the work carried out during the year:

Primary courses completed:

	<i>By LA.</i>	<i>By GPs</i>	<i>Total</i>
Diphtheria only	2	—	2
Diphtheria and Pertussis	—	—	—
Diphtheria and Tetanus ..	117	—	117
Diphtheria, Pertussis and Tetanus	7	10	17
Tetanus only	670	20	690
Pertussis and Tetanus ..	—	—	—
Reinforcing injections:	<i>By LA.</i>	<i>By GPs</i>	<i>Total</i>
Diphtheria only	24	5	29
Diphtheria and Pertussis ..	—	1	1
Diphtheria and Tetanus ..	521	5	526
Diphtheria, Pertussis and Tetanus	2	39	41
Tetanus only	5	12	17

Poliomyelitis Vaccination

A fourth (or booster) dose of poliomyelitis vaccine is now offered to children on school entry as a routine, and it is the practice in Lincoln to complete the programme before the end of the summer term. Parents were given the choice of Salk or Sabin vaccine and with few exceptions chose Sabin.

During the year, 913 children were given fourth doses of vaccine at school, as against 960 in 1962.

TUBERCULOSIS

The following table shows the number of children notified as suffering from Tuberculosis in recent years:

	1959	1960	1961	1962	1963
Pulmonary tuberculosis ..	5	2	1	11	2
Tuberculous meningitis ..	1	—	—	—	1
Tuberculosis, other forms	—	—	1	1	—
Totals ..	6	2	2	12	3

B.C.G. VACCINATION

The reduction in the incidence of Tuberculosis is in no small measure the result of the B.C.G. scheme. Drug therapy, improved housing and sanitary conditions and the B.C.G. vaccination scheme are mainly responsible for the dramatic fall in the number of cases.

B.C.G. vaccination commenced in Lincoln in 1956 and the children offered protection were in the 13-14 year old age group. The value of this work is best shown in the figures given below.

<i>Year</i>	<i>Number Tested</i>	<i>Number Positive</i>	<i>Percentage Negative</i>
1956	577	128	77.8%
1957	800	148	81.5%
1958	762	125	83.6%
1959	991	100	90.0%
1960	71	8	88.8%
1961	2828	311	89.0%
1962	949	104	89.0%
1963	1019	70	93.2%

The figures show comparisons in the number of negative reactions and although undue importance should not be attached to the figures, as with different Medical Officers the readings are inclined to vary a little, nevertheless they do indicate that:

- (1) There is, on the whole, an increase in the number of negative readings, which is to be welcomed.
- (2) Approximately 10% of 13-year-old children show a positive reaction and therefore there is still an infective pool in the community. Continuing efforts must be made to reduce to the minimum this source of infection.

The consent rate in 1963 was 78%; in other words a total of 1306 cards were sent out to the parents and of these, approximately 287 were not returned. If we can assume that one in ten of these would be positive reactors, then approximately 28 more positives could be followed up and investigated by the Tuberculosis Health Visitor and the Chest Clinic. It is to be regretted that the parents do not co-operate better and perhaps if the teaching staff in schools laid more stress on the need for further co-operation it would go a long way towards eradicating the disease in the community. It is a point worth thinking about because anyone who has the impression that tuberculosis is no longer a problem is very much mistaken.

The objects of the B.C.G. scheme are firstly to increase the resistance of the individual to tuberculosis and secondly, to follow up those families whose children give a positive reaction. It is necessary to know whether the B.C.G. vaccination is having the desired effect, namely to increase resistance to disease, as measured by the hypersensitivity. During the year, a random sample of 100 children were re-tested a year after B.C.G. vaccination. Of this number 74 were Heaf tested, and the following week 70 of them were positive. Three individuals did not report for reading and one reading was negative. This gave a conversion rate of 93.2% and possibly higher.

STUDENTS' SCHEME. This scheme, started in 1960, is slowly decreasing. This is only to be expected as the majority of students will have been vaccinated at 13 years. Last year 11 attended for testing, four were positive and six who were negative, were vaccinated. There can now be very few students who have not been tested and vaccinated if found necessary.

The following table refers to the work carried out during 1963:—

Number of children offered skin test	..	..	1287
Number of children skin tested	..	..	1019
Positive	..	..	70
Negative	..	..	935
Number vaccinated	..	..	935

Of the 70 children found to be positive 37 were classified Grades I and II and 33 were grades III and IV.

The 33 children in Grades III and IV were all X-rayed with the following results:—

No evidence of disease	..	..	20
Signs of old healed lesion	..	..	12
Enlarged hilar gland (requiring treatment)	..		1
			—
			33
			—

PROVISION OF SCHOOL MEALS

The number of meals provided during the year ended 31st December, 1963, was as follows:

	1963
To Nursery, Primary and Secondary Schools etc.	1,304,900
To Staff and Helpers	108,039
	—
	1,412,939
	—
Number of Free Meals supplied	90,773

Meals provided at the Open Air School (included in the figures for Nursery, Primary and Secondary Schools) were:

Breakfasts	..	..	14,077
Dinners	..	..	13,883
Teas	..	..	13,780

On a selected day in 1963, the number of children taking milk under the 'Milk-in-Schools Scheme' was 10,255, which represents approximately 85% of those present on the selected day.

HANDICAPPED PUPILS

The Local Education Authority is responsible for ascertaining which pupils over the age of two require special educational treatment, and as it is essential that all handicapped pupils are discovered as early as possible, our efforts are concentrated to this end.

The School Health Department learns of these handicapped pupils from various sources:

1. The Principal School Medical Officer receives a report on every child seen by the Paediatrician. Thus a handicapped infant, e.g. who has a spastic paralysis, is notified to the School Health Section very early; these children are visited very frequently by the Health Visitor and examined at 6 monthly intervals by the School Medical Officer. During

this pre-school period the opportunity is taken to educate the parents in the care of the child within the community, and also to accustom them to the idea that their child might require special educational treatment, whether it be in ordinary Day or Residential Special School. For the success of this scheme co-operation is essential between all medical and social agencies dealing with the handicapped child, and in Lincoln we are fortunate because a very cordial relationship exists between the Paediatrician, General Practitioners and the School Medical Officer.

2. A further source is the routine medical inspection, and in the future it is hoped more time will be spent at this inspection to discuss with the Head Teacher and the parents the progress of handicapped pupils who are receiving their education in a normal school.

Although the policy of the Local Education Authority is to educate as many of the handicapped pupils as possible in a normal school environment, nevertheless it is still necessary to place a number of handicapped pupils in either day or residential special schools.

The following handicapped pupils were ascertained during the year:

Partially Sighted	..	..	..	..	..	3
Epileptic..	..	..	..	..	..	1
Physically Handicapped	..	..	..	..	..	3
Delicate ..	..	..	..	..	..	16
Maladjusted	..	..	..	..	..	2
Educationally subnormal	..	..	..	..	..	41

The following table represents the number of children ascertained as in need of special educational treatment in Lincoln:

Blind

1 child is in a special school:

Birmingham Royal Institution	1
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Partially sighted

5 children are in special schools:

East Anglian School, Great Yarmouth	4
Exhall Grange, Coventry	..	..	1

Deaf

4 children are in special schools:

Royal School for the Deaf, Derby	..	..	2
Maud Maxfield School, Sheffield	..	..	2

Partially deaf

8 children are in special schools:

Needwood School	..	..	1
Maud Maxfield School, Sheffield	..	..	3
St. John's School, Boston Spa	..	..	1
Deaf Unit, Boultham School	..	..	3

Educationally subnormal

129 children are in special schools or classes:

St. Catherine's, Lincoln	..	..	..	..	100
Special classes (Junior)	..	..	..	..	27
Rudolph Steiner	..	..	..	..	1
Pitt House, Torquay	..	..	..	..	1

Epileptic

There are a number of children suffering from this defect in the City but only one required special residential schooling solely on account of the disease.

Colthurst House School, Cheshire	1
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Maladjusted

5 children are in special schools

Breckonborough School, Thirsk	1
Bourne House Hostel	..	..	..	..	2
Shotton Hall School	..	..	..	..	1
Meadows House, Kent	..	..	..	..	1

Physically handicapped

18 children are in special schools:

Lincoln Open Air	..	..	..	..	11
Thieves Wood, Mansfield	..	..	..	..	2
Bradstock Lockett, Southport	..	..	..	..	1
Delarue School, Tonbridge	..	..	..	..	1
Hesley Hall, Doncaster	3

Speech Defect

1 child is in a special school

Deaf Unit, Boultham School	1
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Delicate

69 children are in special schools:

Lincoln Open Air	66
St. John's Open Air, Woodford	1
Gap House School, Broadstairs	..	..	..	..	1
St. Vincent's Open Air, St. Leonards	..	..	..	..	1

The following handicapped pupils were awaiting admission to special schools in December, 1963:

Educationally subnormal	..	..	..	..	27
Physically Handicapped	..	..	..	..	3
Partially Sighted	..	..	..	..	1
Maladjusted	..	..	..	..	2

The 27 educationally subnormal children awaiting admission are children who have been ascertained as educationally subnormal before the age at which children are normally admitted to St. Catherine's School (i.e. over 11 years) and they are children who at present are receiving special education in special classes in ordinary schools.

PARTIALLY DEAF UNIT

The Unit for Partially Deaf Children at Boultham Infants School is in the charge of Miss E. E. Norris and I am indebted to her for the following report:

Report on the work of the Partially Hearing Unit

In January 1963, two partially hearing boys, aged 6 years 1 month and 5 years 5 months respectively, and an aphasic girl of 5 years were attending the Partially Hearing Unit full-time. A profoundly deaf boy, aged 4 years 5 months, from Lindsey Education Authority, began part-time attendance for two days a week. On reaching the age of 5 years in August 1963 this pupil became a full-time member of the Unit. In January 1963, a partially hearing boy, 7 years 4 months, who had attended the Unit since its opening, was transferred to a hearing Junior School, as he had made sufficient progress to enable him to work with hearing children.

All the pupils of the Unit made satisfactory progress in school subjects throughout the year. They integrated successfully with hearing children of their age groups, joining them for Music, Physical Education and mixing socially in the dining-room and playground.

During the Easter and Michaelmas terms half a day a week and during the Summer Term a full day a week were spent at the Ear, Nose and Throat Clinic at the County Hospital to assist in the assessment and training of pre-school deaf children and to give guidance to their parents.

The seven children wearing hearing aids who are attending hearing schools in Lincoln, have been seen at this clinic when they have been advised about the use and maintenance of their hearing aids.

CHILDREN ASCERTAINED AS UNSUITABLE FOR EDUCATION AT SCHOOL

Eleven children were ascertained during 1963 as unsuitable for education at school.

Reports in respect of these children were sent to the Local Health Authority (Mental Welfare Section).

SPECIAL SCHOOLS IN LINCOLN

Open Air School

This school provides accommodation for about 90 children.

The numbers of children on the roll and those admitted and discharged during the year were as follows:

Number on the roll December, 1963	..	..	77
Number of children admitted during 1963	..	..	10
Number of children discharged during 1963	..	..	20

The medical condition of the children for which this type of education was necessary was as follows:

General Debility	..	..	..	..	..	40
Bronchitis	..	..	..	..	..	6
Asthma	..	..	..	..	..	11
Sequelae of Poliomyelitis	..	..	..	..	..	2
Congenital Heart	..	..	..	..	..	3
Cerebral Palsy	..	..	..	..	..	2
Orthopaedic defect	..	..	..	..	..	6
Miscellaneous	..	..	..	..	..	7

A number of the children in the above categories are admitted to the Open Air School partly because of their specific disability and also because in some cases the family background is unsatisfactory and contributes to or exacerbates the disability which is present.

A Medical Officer visits the school on four occasions each term, and a School Nurse visits from time to time as the need arises.

St. Catherine's E.S.N. School

The school provides accommodation for about 100 boys and girls aged 11 years and upwards.

	<i>Boys</i>	<i>Girls</i>
Number on roll in December, 1963	.. 48	52
Number admitted during 1963	.. 11	18
Number discharged during 1963	.. 8	10

NURSERY SCHOOLS

The average attendances during the year were as follows:

	<i>Average Attendance</i>
St. Cuthbert's Nursery School	.. .. 35.5
St. Giles Nursery School	.. .. 37.87

All children are medically examined on entry and a medical officer visits once each month to see new entrants and to examine other children when required.

THE CHILDREN AND YOUNG PERSONS' ACT, 1933

246 children were examined for Employment outside School hours as compared with 274 in the previous year, mainly for the purpose of licensing for newspaper delivery. Of this number only one child was found to be unfit for employment.

HOME TEACHING

Teaching in the home continues as a small, but useful part of the education service.

10 children were taught at home during the year:

Orthopaedic defects	..	..	..	..	..	4
Tuberculosis	..	..	..	..	..	4
Miscellaneous	..	..	..	..	..	2

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TRAINING COLLEGES

67 teachers appointed to the Authority's staff were medically examined during the year.

36 students were also examined in connection with their entry to Training Colleges.

DEATHS OCCURRING IN CHILDREN OF SCHOOL AGE

It is sad to record the death of one child during the year from accidental drowning. The number of deaths last year was six.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

At the close of the year, the staff of the School Dental Service was unchanged and, because of the continued under-staffing, the Service was again unable to provide comprehensive treatment for the whole of the school population. In fact, only 20% of the children received treatment at our clinics.

The inadequate staff and finance available for dental health education made it impracticable to embark upon a large scale Dental Health Campaign. It is most regrettable that this aspect of the dental service should be so neglected, but it was felt that, unless a campaign of this nature was supported by adequate resources, it would be impossible to stage it successfully. The need for dental health education in the City is enormous and is reflected in the percentage of children found to require dental treatment — 89.8%. This figure compares unfavourably with the national average of 63%.

During the early months of the year, previous advertising having failed to produce the required recruitment of a dental officer, a great deal of thought was given to improving the Conditions of Service offered. The new Conditions, when advertised, caused immediate interest nationally and, for the first time in many years, a number of enquiries and applications were received. It was disappointing when, on two occasions, suitable applicants withdrew after having been interviewed, but I am indeed pleased to be able to report that an Assistant Dental Officer has been appointed and should commence duty during the first quarter of 1964. This appointment will enable Ravendale Dental Clinic to be brought into full-time operation with a resultant improvement in the service provided in the northern part of the City.

Under the experimental scheme organised by the General Dental Council, a newly qualified Dental Auxiliary was allocated to this Authority to commence duty at the beginning of September. Her appointment entailed considerable organisation and expenditure and it was, therefore, something of a surprise when she resigned — in order to marry — after only three months' service. The training and employment of Dental Auxiliaries is, at present, being conducted for a limited period on an experimental basis and the decision to bring the scheme on to a permanent basis will depend, to some degree, on the reports received from the employing Authorities. Cases similar to our own are bound to affect the success of the experiment and the willingness of Authorities to employ Auxiliaries. It would appear to be reasonable to expect the organisers of the Training Scheme to be given some definite undertaking by applicants for training that, on qualifying, a fair period of active service can be anticipated, and that this safeguard would similarly be made in respect of the employing Authority.

During the limited period of incorporating the Dental Auxiliary into the Dental Service, no reticence to her acceptance was experienced on the part of either the public or the staff and, although limited, her contribution towards meeting the demand for treatment was useful. It was felt, however, that an older girl with a more mature outlook would have been more advantageous and that this should possibly be considered by the selection body at the Training School when selecting candidates for training. A replacement Dental Auxiliary has been allocated but will not commence her appointment until September 1964.

Following the severe criticism of the Ministry of Education and the organisation of the School Dental Service by the Estimates Committee, the Government took its first actions in improving the national organisation. A Chief Dental Officer, a Senior Dental Officer and two Dental Officers were appointed to the Ministry of Education to advise on the dental services provided by local authorities — a welcome improvement, and one which corrects the previous unsatisfactory, and rather ridiculous situation of the Ministry being responsible for a dental service without having a Dental Officer on its staff. The first of regular meetings of Principal Dental Officers and the newly appointed Chief Dental Officer of the Ministry of Education was held in November. Although this meeting failed to indicate any progressive mood on the part of the Ministry, it is hoped that, as a result of future meetings, they will have a better understanding of prevailing conditions and resultant changes will make the Service more efficient and improve its appeal as a career to suitable recruits.

The culmination of a great deal of thought and planning has been the complete modernisation and redecoration of the dental suite at the Central Dental Clinic which now has three surgeries and a very pleasant waiting-room. Our dental clinics are now as well equipped, as modern and as pleasant as any in the country and are a credit to the City.

A most regrettable occurrence during the year was the Council's decision to rescind its previous recommendation to fluoridate the domestic water supply of the City. However, many major advances have had their initial set-backs and I feel sure that in time, and as a result of the adequate provision of facts and further results from the test area, the public will accept — possibly even demand — this much needed step towards the control of the apparently soaring caries rate.

Unfortunately, it was again impossible to inspect and treat all the School population in the course of the year. Only 32.6% were inspected at routine school inspections. The improving facilities offered by the School Dental Service has had the welcome effect of making at least some patients more "tooth conscious", with a resultant increase in the number of requests for regular dental inspections. These inspections and the following treatment, however, do retard the routine inspections and treatment.

The actual figures for the various forms of dental treatment provided during the year are given in the appended tables, also those of the previous year for comparison.

The overall ratio of teeth filled to teeth extracted, 6.43:1 (7.4:1 when extractions for orthodontic purposes are discounted), shows a marked improvement compared with the previous year (4.11:1).

The permanent teeth ratio of 16.45:1 is almost twice that of last year (8.42:1) and is most gratifying. The deciduous ratio of 2.13:1 again remains almost unchanged (2.05:1); both these ratios compare very favourably with the national ratios of 4.1:1 in the case of permanent teeth and 0.38:1 in respect of deciduous teeth.

The provision of reasonable Conditions of Service, good working conditions and adequate planning are recognised as being necessary to produce a satisfied and happy staff, and that, under such conditions, the work carried out should be better in both quality and quantity. It is gratifying to note that the Corporation's efforts in providing the improved conditions are adequately reflected in the statistics: the average amount of conservative work carried out per session by our Dental Service being almost twice that of the national average. It is hoped that the new conditions will, in time, bring about the much needed increase in staff to enable every child to be inspected and treated each year, and to ensure that those children leaving school do so with a well maintained natural dentition.

I should like to express appreciation for the efforts of the members of the staff of the School Dental Service, particularly for the many hours of their own time which they willingly devoted to non-professional work during the course of the modernisation and redecoration of the Central Clinic.

I should also like to thank the Chairman and members of the Committee, the Chief Education Officer, the Principal School Medical Officer and their staff for their assistance, co-operation and understanding throughout the year.

C. K. FENTON EVANS

Principal School Dental Officer.

Summary of Dental Inspections and Treatment carried out during 1963

	1963	1962
Number inspected at routine school inspections ..	4097	4268
Number requiring treatment	3585	3476
Number referred for treatment	3406	3348
Number treated after school inspections ..	1287	1357
Number of treatments continued from previous year	163	53
Number treated as specials	742	666
Number inspected at clinics	347	—
Number referred after inspection at clinics ..	331	—
Total number inspected	5186	4934
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Total number treated	2523	2023
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Half-days devoted to school inspections	28	28
Half-days devoted to treatment (including Dental Auxiliary)	1012	880
Total number of attendances	6870	5739
Number of fillings in permanent teeth	5960	4167
Number of permanent teeth filled	5069	3528
Number of fillings in deciduous teeth	2015	2001
Number of deciduous teeth filled	1754	1788
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Total number of fillings	7975	6168
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Extractions (i) Permanent	308	419
(ii) Deciduous	821	872
Total number of extractions	1129	1291
Total number of teeth extracted for orthodontic purposes		
General Anaesthetics	4	42
Other operations (i) Permanent	1143	1274
(ii) Deciduous	579	833
Total of other operations	1722	2107
Radiographs	305	229
Dentures	13	20

ORTHODONTIC TREATMENT

Cases continued from 1962	26
Cases commenced in 1963	22
Cases receiving treatment during 1963	48
Cases completed .. 22 }	31
Cases suspended or moved out of area 9 }	
Cases continued in 1964	17
Number of cases treated by means of appliances during 1963	45
Number of removable appliances fitted	53
Number of fixed appliances fitted	3
Total of orthodontic attendances	395

WORK OF THE CHILD GUIDANCE CLINIC

I am indebted to Dr. C. J. Wardle for the following report of the work of the Child Guidance Clinic.

The service continued to expand during 1963. Since the last report an adolescent unit for boys has been opened at Rauceby; this fills a long felt need and a number of cases have been admitted with benefit already. The number includes some cases from Lincoln. It is hoped that an inpatient unit for children will be opened in Lincoln soon. A special boarding school for maladjusted children is still urgently needed. Day classes for maladjusted children are also needed. These provisions would be filled at once, if available, but at the moment children are not being recommended for ascertainment as maladjusted because there is no point in putting a child through the ascertainment procedure, and possibly stigmatising him as maladjusted, when no provision is available. The combination of clinic premises with premises for a group of special classes for maladjusted and handicapped children, would enable us to provide long term daily treatment for some severely maladjusted children, and provide psychiatric and psychological support for the school staff. These children are a burden on their homes and schools, and little can be done to relieve this at the moment.

The following tables show the tremendous weight of work which is now being undertaken in the clinic. It is only possible to offer treatment to the large number of children and their parents because we have organised many of the children into group psychotherapy. These have proved tremendously effective, particularly with anxious and phobic children, and with children with psychosomatic conditions such as asthma.

Referrals

From Lincoln City 90 cases have been referred to the Child Guidance Unit; of these all had been offered appointments at the end of 1963. 77 cases had been investigated, 7 cases had not attended, and 6 had appointments to attend during the first weeks of January 1964.

In addition to these cases referred to the Child Psychiatrist, the Psychologist has seen a number of children in the schools who presented purely educational problems.

Table 1

New cases referred in 1963	..	..	..	90
New cases investigated in 1963	..	..	..	77
Cases failing to attend	..	..	..	7
Cases with appointments in 1964	..	..	..	6
Cases continuing treatment from previous years	..			44
Total cases investigated and treated in 1963	..			121

Despite the heavy case load we have continued our policy of avoiding the development of a waiting list. Cases can be seen in emergency almost at once. It will be appreciated that all cases have to be seen by appointment because the initial assessment takes from 1½ to 2 hours, and involves two or sometimes three of the clinic staff.

It is essential that the agreement of the parents be sought before referral, since without their co-operation nothing can be achieved. In the few cases that failed it has been found the parents were not co-operative; in a few cases they might have been so with preparation. Much clinic time can be wasted by giving appointments to parents who are not prepared to attend. It is hoped that referring agencies will ensure that the parents are willing before referring a case. In fact reference to Table 1 shows that the proportion of referrals failing to attend is remarkably low compared with that at other centres known to the writer. This is believed to be because appointments are given very soon after referral, and because cases which fail to come for their first appointment are followed up energetically by the Social Worker. Even so there are a number of cases who were not prepared for referral.

As is usual, twice as many boys as girls were referred.

All young children aged 0–18 years are catered for by the service. Much might be done to prevent the development of mental ill health and personality disorder if the child could be seen early. To this end we would welcome referrals of pre-school children by Health Visitors and Maternity and Child Welfare Clinics.

All referrals have been with the agreement of the family doctor, except where the Court wished an urgent report. The Principal School Medical Officer is kept informed of all referrals since he has valuable information on the child's health throughout his school life. Enquiries about referral are welcomed direct from the parents or from any interested responsible party. They will

always be asked for a letter from their general practitioner or for permission to contact him, since the future treatment of the child depends on close co-operation between the consultant and the general practitioner.

Table 2

Source of Referral

General Practitioner, Consultant	44%
School Medical Service	18%
Courts and Children's Department	21%
Headteachers, Psychologist	14%
Other	5%

Table 3

Reason for Referral

(more than one reason for referral is often given)

Antisocial Conduct	28%
Neurotic symptom	9%
Disordered Elimination	18%
Disturbed relationships	8%
Difficulty at school	15%
Dullness or retardation	13%
Psychosomatic problem	9%
Other difficulty in behaviour	22%

We see children with emotional and behaviour disturbance, whatever the cause, but in addition we see children who present physical symptoms or illness where this is caused by or made worse by emotional upsets or psychological disturbances, and we see children whose behaviour difficulties are the result of brain damage, disease, or physical handicap. We, therefore, see a high proportion of children referred by other consultants and general practitioners who may well not present any obvious difficulty in school, since the difficulty is internal, or occurs outside the school setting. Each referring agency observes a different aspect of a child's life, and therefore notices very different problems. Schools tend to notice disturbed behaviour in relation to authority and with other children; social agencies see deprived children and children acting against society; general practitioners come in contact with psychosomatic problems and disturbances in the home — they are the only agency to refer neurotic and psychotic children in large numbers. Other consultants tend to refer cases in which there is a differential diagnosis between sub-normality psychosis and a sensory defect; they also refer many psychosomatic problems and cases where a neurosis is present with physical symptoms. All these types of maladjustment fall within our scope and it is wise to encourage direct referrals from all sources in order that as many disturbed children in the community are detected as possible.

Table 4

(The frequency of problems which were prominent or severe)

Anxiety, timidity, shyness, phobias	45%
Delinquency (mainly stealing)	24%
Educational retardation	21%
Bed wetting	18%
Psychosomatic problems (asthma, headaches, epilepsy)	18%
Jealousy, paranoid attitude	17%
Depression	14%
Involuntary nervous movements and mannerisms	15%

Speech disorders	..	..	..	..	10%
Hysterical symptoms	..	..	..	..	10%
Truanting, wandering, absconding	..	..	..	..	9%
Wetting pants by day	..	..	..	..	5%
Soiling (encopresis)	..	..	..	..	5%
Obsessional symptoms	..	..	..	..	4%
Psychosis	..	..	..	..	1%
Frequency of left handedness	..	..	..	..	17%

It will be noted that various forms of anxiety are the symptoms most frequently observed among the children referred, although this is not a common reason given for referral. Problems such as delinquency, enuresis and educational retardation are frequently symptomatic of underlying emotional disturbance of which the commonest is anxiety and insecurity.

Table 5

Intelligence Distribution of Children Referred

<i>Intelligence Quotient</i>					%
Above Average (110+)	..	..	..	..	19
Average (90-109)	..	..	..	..	29
Dull (70-89)	..	..	..	..	20
Subnormal (50-69)	..	..	..	..	9
Severely subnormal (49 or less)	..	..	..	..	2
Not tested	..	..	..	..	21*

* We assumed that the majority of those not tested were of average or above average intelligence since all cases with educational retardation were tested as a routine. This being so the distribution only differs from that for a normal population of school children by the small excess of subnormal children. We would emphasize that a child psychiatric service is primarily concerned with emotional and behavioural disturbances which occur in children of above average intelligence, just as often as in children of low intelligence.

Table 6

(The frequency of some factors which may have caused our patients' difficulties)

1. Child not living with both his natural parents	..	..	..	32%
2. Not (1), but home marred by parental disharmony	..	..	..	18%
3. Parent(s) over anxious	..	..	..	23%
4. Not (3), but other faulty attitude to child	..	..	..	20%
5. Premature or complicated birth	..	..	..	29%
6. Not (1), but separation from mother lasting more than one month before age 4	..	..	..	9%

Your attention is drawn to the high proportion (50%) of children who come from broken homes, and homes made unhappy by marital disharmony. This explains why close co-operation with the children's department is an essential feature of our service. A great deal of prophylactic work is made possible by this co-operation. This work should be directed primarily at maintaining the child in his own home with the people he knows and is related to, if this is at all possible. The implementation of the new Children's Act encourages local authority children's departments to take measures to do this. Family Service Units have demonstrated one method of tackling the problem family without

breaking it up. In our work with problem families we have found ample evidence to confirm the need for a service, on the lines of the Family Service Units. Where removal of the child is inevitable, or is a fait accompli, the child psychiatrist has worked closely with the children's departments in advising placement and supporting the foster parents and house parents.

Table 7

Type of Treatment Recommended							
1.	Report only	..	..	..	..	..	23%
2.	Special educational measure recommended	..	..	..	..	..	8%
3.	Group Psychotherapy	..	..	..	..	..	23%
4.	Intensive individual psychotherapy	..	..	..	..	..	3%
5.	Individual and supportive psychotherapy only	..	..	..	..	..	16%
6.	Medication	..	..	..	..	..	20%
7.	Alarm bell apparatus (for enuresis)	..	..	..	..	..	7%

A large number of cases can be helped by one assessment interview in which a problem is clarified or a recommendation made about schooling, or future management, or placement; in a few cases admission to hospital is needed at once. In all these cases only a report is required.

So many cases are being seen that it would be impossible to offer intensive individual psychotherapy to all those who might benefit; this treatment is reserved for special cases and in particular for older adolescents.

Group psychotherapy has proved an effective way of treating the large numbers of children we see who need fairly intensive prolonged treatment or observation.

The alarm bell apparatus is used in about half the more severe bedwetters we see, and has proved very effective when closely supervised. Medication is mainly indicated for the relief of crippling anxiety, to stabilize epileptic and brain damaged children, and to lighten the heavy sleep which is so common among bedwetters.

In addition to our clinical activities, members of the team have been engaged in research and educational activities. The consultant psychiatrist has been enabled, by a grant from the Sheffield Regional Hospital Board, to continue research into the causes of behaviour disorders in children, and is investigating what factors in homes are associated with successful adjustment in children.

A number of lectures have been given during the period. The consultant has met most of the headteacher associations in the area to discuss the service and improve liaison. He has also given talks to mothers' groups and parent-teacher associations, as part of a programme to improve understanding of psychiatric problems in children, and the facilities available for dealing with them.

A number of tape recordings have been made on topics such as the shy child, sex education, the aggressive child, the work of the child guidance clinic. These have been used by health visitors in mothers' groups, and have proved a successful introduction to discussion of these topics, enabling them to be presented to a wider audience than otherwise would have been possible.

The Lincolnshire Child Guidance Association has been meeting regularly, and has proved invaluable in bringing together professional people concerned with children for exchange of views, to enable them to obtain insights into each others' work, and to become familiar with the facilities that are available in the area for variously handicapped children.

C. J. WARDLE, *Consultant in Child Psychiatry.*

